

Sunday Independent

your **HEALTH**

your **FUTURE**



Feidhmeannacht na Seirbhíse Sláinte
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VISION FOR CHANGE
RESHAPING MENTAL HEALTH IN IRELAND



'The backbone of our approach is to move away from institutions towards providing more care locally'

A VISION FOR CHANGE

We tend to find it easy to relate to physical illness, whether it is a broken leg, a cancer condition or diabetes.

Our relationship with mental illness is less straightforward.

In the past, mental illness was fraught with taboos and stigmas. It often caused embarrassment and isolation for sufferers and those close to them. However, thanks to more awareness, openness, education and progressive treatments, things are changing.

It is being increasingly recognised as an illness like any other that can be successfully treated, managed and overcome. Also, we know that, with the right supports and lifestyle choices, such as controlling our stress and alcohol consumption, we can protect ourselves from some mental illnesses.

About one quarter of the population will experience a mental health difficulty at some stage in their life. Some 90 percent of the care they may ever need could be provided within their local communities.

That's why the backbone of our approach is to move away from institutions towards providing more care, using modern approaches, locally

within people's own communities.

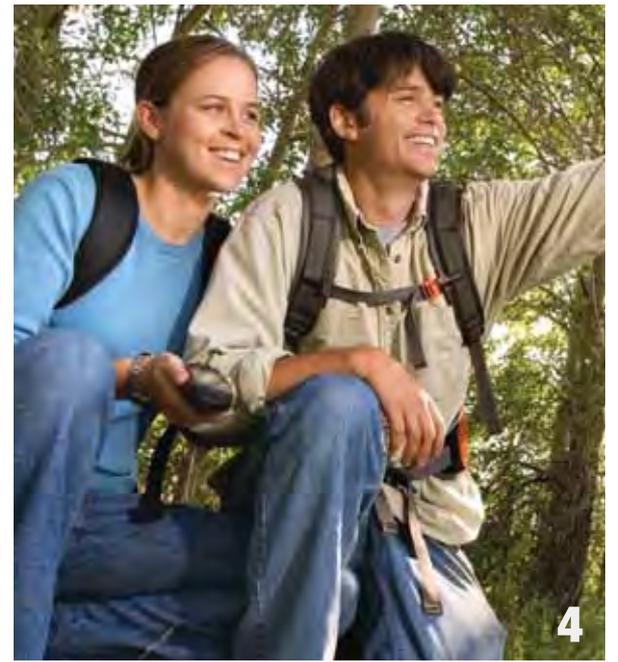
For example, as part of our programme to build local care teams for every 10,000 people across the country, we are establishing teams of experts that will concentrate on providing community-based mental health care. We are also establishing teams that will look after the mental health needs of children and adolescents.

Our current work is based on the 'A Vision for Change' strategy, which outlines the many transformational changes we need to make during the coming years to develop services where all who need them will have easy access to quality services.

This is a very exciting plan and achieving it all will take a number of years. However, we are fully committed to it and — with the co-operation of clients and health professionals — we are making solid and steady progress.

This supplement highlights some of these developments.

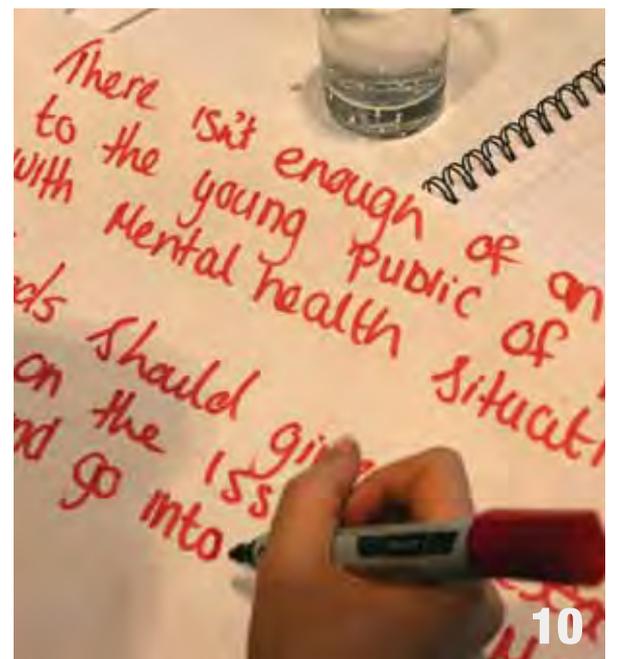
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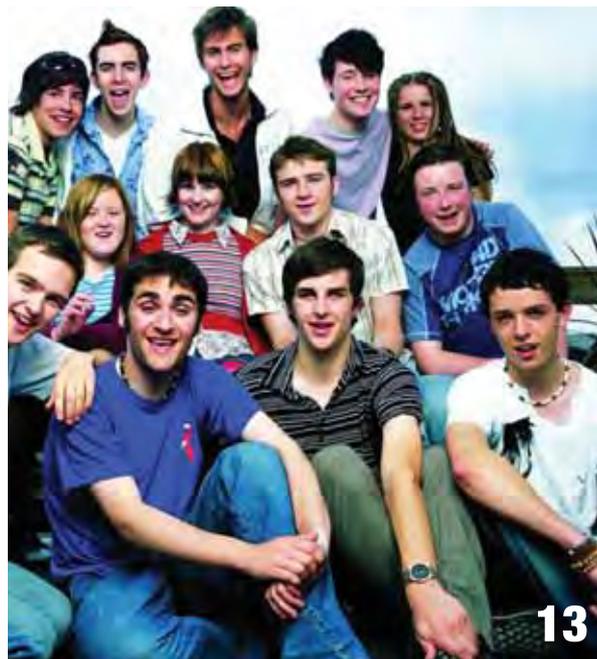
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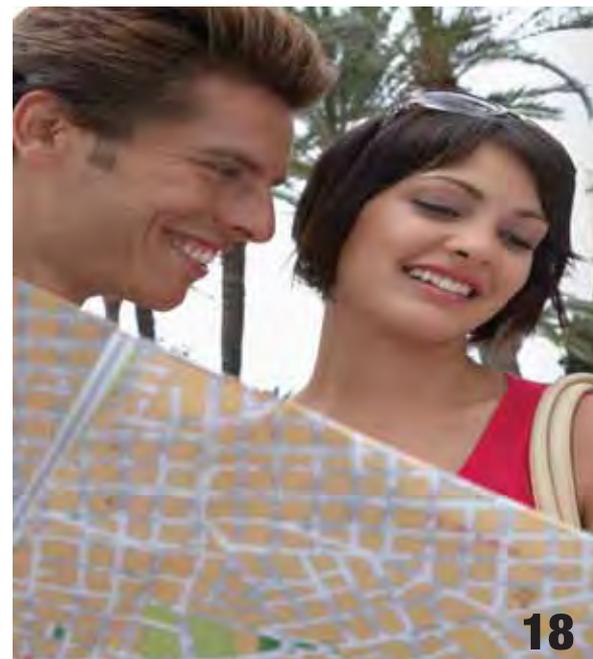
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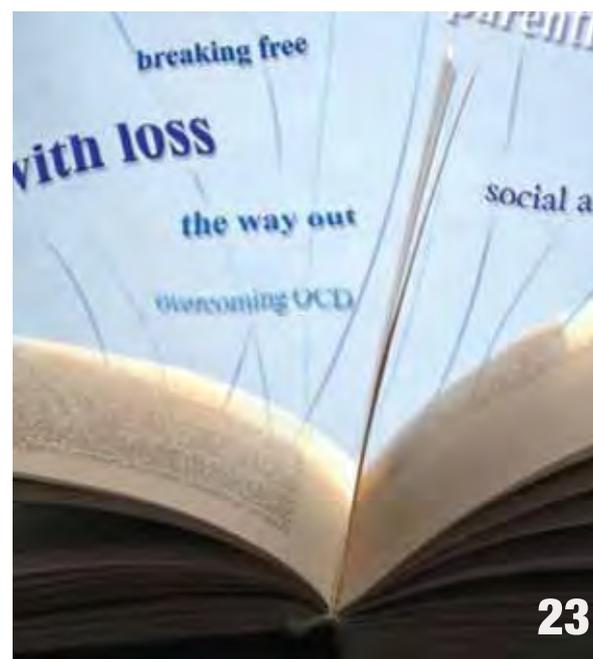
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THE ROAD TO RECOVERY

In order to protect every person's mental health, 'A Vision for Change' is pioneering a more community-based, partnership-focused approach to help people recover

AT any one time, one adult in four has experienced mental health problems. In other words, mental health problems are as common as asthma.

According to the National Psychological Well-being and Distress Study, carried out by the Health Research Board and supported by the HSE, almost 400,000 people in Ireland experience some form of psychological distress.

One in every eight people report they have experienced a mental, nervous or emotional problem in the past year, with one in 10 speaking to their GP specifically about their mental health.

Mental health issues range from more common conditions such as stress and

depression to schizophrenia, which affects almost one person in 100. We need to create a greater understanding of mental health issues, informing the public that help is available and how modern successful treatments offer recovery and support.

Mental health services in the mid-Eighties started a major transformation when 'Planning for the Future' became Government policy on the delivery of mental health services. This began the process of closing the traditional psychiatric hospital and initiated the delivery of mental health services within a person's own community.

Today, 'A Vision for Change' is building on this progress by recommending that "service providers should work in partnership with

National Office for Suicide Prevention

THE National Office for Suicide Prevention (NOSP) is developing the 'Your Mental Health' campaign.

The focus of the mental health campaign up to now has been on the general public, encouraging people to look after their mental health. In 2009 it will have a different focus, aiming to reach young people with the message that it's okay to talk about your mental health.

In December, the NOSP, working with the Office of the Minister for Children and Youth Affairs (OMYCA),

spoke to a group of young people about the campaign and got their advice on how to shape its next phase in a way that will be meaningful to young people.

The NOSP will develop this campaign with the OMCYA and other agencies, including SpunOut.ie, Young Social Innovators, Dáil na nÓg, BeLonG To and Headstrong, while it will also continue to consult with young people through the Bebo profile, www.beko.com/your-mentalhealth.

service users and their families, and facilitate recovery and reintegration through the provision of accessible, comprehensive and community-based mental health services."

Over the past few years, initiatives and projects have been introduced in the mental health service that are helping to realise this ambition and which deal with mental health issues in a clearly positive way. These are the product of a dynamic partnership between service users, carers, communities, mental health professionals and voluntary and government agencies throughout the country.

It has long been recognised that up to 90 percent of mental health problems are dealt with in primary care without the need to refer to the mental health services. Primary care services play a fundamental role in caring for people with mental health problems and 'A Vision for Change' describes a robust primary care system integrated with a specialist community-based mental health service.

The role of GPs and primary care teams is to diagnose a mental health problem and either treat the individual themselves in the primary care setting, if appropriate, or refer the individual to the community specialist mental health team.

A community mental health team will include occupational therapists, psychologists, social workers and nurses, along with consultant psychiatrists and other health professionals, to provide a range of skills to support people on their journey to recovery. The community mental health team works closely with an individual's primary care team to ensure that all of their needs are met.

A recent joint initiative by the Irish College of General Practitioners and the Irish College of Psychiatrists to establish a Mental Health Forum is a significant step in improving service access and encouraging a culture of collaboration and mutual respect between professionals.

National Service User Executive

IN 'A Vision for Change', the central focus is on the partnership between service users and their families, friends and allies and the service providers at every level of service provision within mental health services.

The National Service User Executive (NSUE) has been established to inform the health service and Mental Health Commission on issues relating to service user involvement and participation in "planning, delivering, monitoring and evaluating services, including models of best practice and to develop and implement best-practice guidelines".

The NSUE is now actively engaged with all stakeholders, particularly those who actually use, have used or come into contact with mental health services in their daily lives. It is looking for people who really know what their local service is like to join in and tell it what they think needs to improve. It is looking for good and bad experiences, so it can work to improve services. It is also seeking out people to become involved to put across their own views, ensuring real experience directs the development of the mental health services.

The NSUE will hold elections to the National Executive in 2009. Those elected to the executive will serve an initial three-year term, after which they may again stand for re-election.

The executive recently launched its interactive website, www.nsue.ie, where further information on how to get involved is available.



The Office for Disability and Mental Health

IN January 2008, the Government announced the establishment of the Office for Disability and Mental Health to support the Minister for Disability and Mental Health in his work.

The office brings together responsibility for a range of different policy areas and State services which directly impact on the lives of people with a disability and people with mental health issues. It aims to bring about improvements in the manner in which services respond to the needs of such people by placing them at the centre of the service.

The key priorities for the Office include supporting the implementation of the Health Sectoral Plan under

the Disability Act 2005, developing a continuum of training and employment support services for people with a disability, bringing a new impetus to the implementation of 'A Vision for Change' and achieving greater co-operation between the health and justice sectors on matters relating to people with mental illness.

The director of the Office for Disability and Mental Health is Bairbre Nic Aongusa, formerly deputy director of the Office of the Minister for Children (OMC). In her role, she works across agencies and government departments to achieve real progress in the area of disability and mental health.



WRAP-AROUND SUPPORT

Wellness Recovery Action Planning (WRAP) empowers people to take control and manage their wellness themselves, with help from supporting family, friends and mental health professionals

TO achieve the objectives of a recovery-oriented mental health service, there is a growing recognition that we need to explore new and complementary approaches to facilitate individuals on their own unique recovery journey.

Wellness Recovery Action Planning, or WRAP as it is more commonly referred to, is an internationally recognised approach developed by Mary Ellen Copeland in 1989 (www.mentalhealthrecovery.com). It has been acknowledged by the Mental Health Commission and the Irish College of Psychiatrists as an integral part of an education and training programme for recovery-promoting services.

WRAP has been designed by people with self-experience of mental health difficulties as a self-management approach, which facilitates individuals to look at what contributes to maintaining their wellness; what strategies are needed to stay well and, where possible, identify what might contribute to relapse.

The plan also includes advance directives, indicating what the individual wishes to happen in the

event of relapse.

The core philosophy underpinning WRAP is the individual is empowered to control what happens in their lives and actively manages their wellness in collaboration with others, usually family, friends and mental health professionals.

An exciting opportunity has arisen to run a national training programme in 2009, designed to promote mental health recovery using the WRAP approach. With funding from Pobal, the Irish Mental Health and Recovery Education Consortium has been established, which involves Ballyhoura Development Limited, EVE Limited, Mayo Mental Health Association, Slí Eile and STEER to develop and deliver this programme.

Training will be delivered in three regional hubs in Dublin, Cork and Sligo. A total of 180 people with self-experience, family members and mental health professionals will complete a two-day recovery training programme, and 60 of those will progress to complete a five-day WRAP facilitators' training programme.

An independent evaluation of the project will be undertaken to seek to answer the question of whether or not WRAP has a rightful place in the Irish recovery-oriented services envisaged in 'A Vision for Change'.



Growing together

Living with a mental health disorder is an everyday challenge, but a supportive organisation such as GROW can make a huge difference

MY name is Rob and I was diagnosed with a mental health disorder in my 20s. Trying to understand my mind and learning to achieve a good quality of life is a continually challenging process for me.

Suffering is a natural part of life for us all, and yet I often run from suffering, searching for escapes. Sleep and alcohol, TV, music and sex, living in the past or living in the future help me numb the pain and distract me from looking deeper at the problem.

The hardest part is fully accepting my condition, asking for and getting the help that I need, taking the medicine and engaging with the long task of recovery. This is almost

impossible to do alone. Isolation and taboo are the fertile breeding ground of mental torment. This is why regular attendance at a GROW self-help group and use of the GROW programme is so useful to me. In addition to seeing a good counsellor, it helps me to see things as they really are.

There is no cure-all. I still have to put in the work and I often falter on the path. My recovery can never be about getting back what was lost. But I can uncover what was there all along and in doing that discover a new way of being.

If you need help, help others. To help others best, let them help you.

Go to www.grow.ie or call 1890 474 474.

Overcoming fear

Julia Hennessy describes how she has learned to manage her obsessive compulsive disorder and fight her fears by joining Recovery

MY younger years were carefree and happy, but during adulthood this all changed. By the Eighties, mental health issues presented. These occurred in the wake of challenging life events — marriage, redundancies and bereavements.

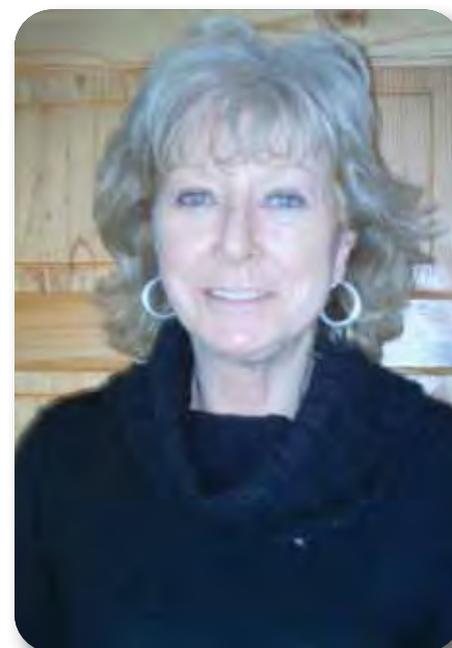
Times were busy. My new baby daughter meant lots needed to be done. Simple tasks had to be done repeatedly and in a ritualistic manner. Having a shower took about an hour. Routine jobs — tidying, checking locks — became drawn-out tasks. Everything had to be perfect and germ-free. I had this relentless fear of germs. Outdoors, this feeling was sparked if I had to sit on seats or touch door handles. Public toilets were out.

A miserable compulsive pattern engulfed me: my brain told me to do what I really did not want to do. I felt out of control.

By now I recognised I had a problem. My GP was understanding; he diagnosed my condition as obsessive compulsive disorder (OCD). He talked me through the symptoms, recommending a mild antidepressant. My parish priest recommended I attend a group called Recovery.

In June 1990, I attended my first Recovery meeting. As I approached, I was scared. I was certain I was the only person in the world who could have this weird problem. Right from the start I was told: "You are not weird, you are starting your recovery". This reassured me. Quickly, I learned to fight the fear of public places, to go where I was afraid to go to and to fight the fear of germs. I learned to lower my standards at home. My basket of Recovery slogans helped unlock my fears and free me from OCD symptoms.

Recovery is offering me the power to change and has given me a new life. I have



'I learned to lower my standards at home. My basket of Recovery slogans helped unlock my fears and free me from OCD symptoms'

recently qualified as a facilitator in the Power to Change Anger Management Programme. Soon I hope to train others in the life skills that I found so helpful to my own recovery.

For further information on how you can recover, contact Recovery International on 01-626 0775, go to www.recovery-inc.org or email info@recover-inc-ireland.ie.

Leading change in mental health care

An international pooling of resources is helping to advance leadership in mental health and addiction services, empowering countries to achieve change in the area



AN international initiative is bringing together leaders in the mental health sector from seven countries. Australia, Canada, England, Ireland, New Zealand, Scotland and the US have all come together in the International Initiative for Mental Health Leadership (IIMHL).

The 'virtual' agency aims to enhance leadership in mental health and addiction services and thus enhance services for the public. This aim is in line with the 'A Vision for Change' policy in Ireland.

Leaders who take part come from a variety of senior roles across the sector, including providers, government officials, service users, senior clinicians and the non-government sector. There is a focus on practical changes that may be applicable across countries and in communities.

IIMHL director Fran Silvestri is based in New Zealand. He says: "We started in 2003 and about every 18 months we hold a leadership exchange and network meeting. Leaders are matched for a two-day exchange with colleagues who have similar responsibilities.

After two days, all these 'matches' come together in a network meeting to learn about leadership and innovation. The aim is to learn about effective leadership from successes in other countries and to replicate services and processes that are effective."

In 2007, leaders were matched in exchanges across North America, and the network meeting was hosted by Canada. This month, the leadership exchange was held across Australia and New Zealand, but the network meeting was hosted by Australia in Brisbane.

In May 2010, after leaders visit Irish and UK exchange sites, Ireland will host the network meeting in Killarney. Fran Silvestri notes: "We are excited about coming to Ireland. We are aware that Ireland has a significant agenda for change and hope that each country can contribute to that agenda in some way, and that Ireland can assist other countries in sharing success stories in service development."

More information on IIMHL can be obtained by reading the Annual Report, which is available on www.IIMHL.com.

'The aim is to learn about effective leadership from successes in other countries and replicate services and processes that are effective'



Implementing the Tobacco Guidelines in Mental Health are: Deirdre Murphy, Jean Molloy, Tim Lynskey, Mary Smyth, Miriam Gunning, Dr Martin Mahon and Ann Mulligan

A CULTURAL CHANGE

TOBACCO use is often referred to as 'part of the culture' of mental health services. However, as smoking-related fatal diseases are more prevalent among those with mental health issues, how can we improve our health services without addressing this?

Smoking rates are significantly higher among those with mental illnesses. While the challenges inherent in reducing the prevalence of smoking in this population group are considerable, so too are the potential gains in terms of public health.

The recently launched 'Best Practice Guidelines for Tobacco Management in Mental Health Settings' will provide the platform to address smoking behaviour and provide a healthier environment for all mental health service users and providers.

This resource is an extremely useful tool, as it enables service providers to

review current practices and develop strategies — based on international best practice — to address all tobacco management issues in mental health services.

Key health care staff will be trained to deliver specific smoking cessation support, which will include intensive counselling, use of nicotine replacement therapy and constant assessment of the client's mental condition.

These new practices will have further positive outcomes for our general hospitals, where tobacco management in acute mental health services is a primary concern.

This year will see a new era in tobacco management in Ireland, when two Dublin hospitals (St Vincent's and Connolly) implement their 'totally smoke-free campus' policies in line with international best practice.

A little WISDOM

A new computerised database is making all the difference in Donegal

DONEGAL Mental Health Services is introducing a new and innovative computerised patient information system called WISDOM. This means information on the different services a service user receives will be maintained and gathered together in a user-friendly format.

Virginia Reid, mental health research officer at St

Conal's Hospital, Letterkenny, explains: "Before now, it was difficult to ensure that we had the necessary pieces of relevant health information from all the different health professionals. It was a time-consuming process to check on this. Now that we have the new WISDOM system, our staff will be able to get a record from their computers throughout the county, whether they are working from Dungloe or Donegal Town, providing it's from a HSE secure line."

If a person needs help at 4am, and has attended the service prior to this, information will be available immediately on that person and staff will get a better

picture of the service user's mental health care pathway.

This system has been developed by the Donegal Health Services and the Health Research Board in conjunction with patient advocacy groups nationally, the local group STEER and the HSE national project board.

"Where once access to service user records could take hours at best and days at worst, it will now take a matter of seconds. It will mean service users don't have to repeat the same information over and over again to different professionals," says Ms Reid.

Improving information systems is a key recommendation of 'A Vision for Change'.

Fostering recovery

Valerie French Kilroy, occupational therapist, talks about her work in North Mayo

WORK as an occupational therapist (OT) in the mental health community services covering north Mayo. Along with distressing symptoms, psychiatric illnesses can turn the lives of individuals and their families into disarray. My role is to work with people to enable them to return to doing everyday activities, so they can take control of their world and regain a meaningful life for themselves.

My day is as varied as the needs of the people I work with. On arrival in Ballina, my first call is from Mary*: "Am I to meet the OT assistant at work today?" I reassure her, thinking back to the time when Mary first came — she had little social contact, was afraid to wash herself and took half the day to do ordinary activities. She replies: "Okay. I've had my shower, I'll cycle up to the workshop."

My first community appointment is

with a young man who has separated from his partner and whose children are the subject of a custody case. He had become depressed and turned to alcohol, which, in turn, led to further problems whereby he had given up all interest in himself and couldn't trust himself to leave the house. Initially, I worked with him on that latter issue, and now I'm helping him get back into his routines — taking care of himself and re-establishing his father role.

Later, I return to base to meet Sonya*, a married woman in her early 50s, who returned to Mayo from England two years ago. As a young woman, she had been treated with medication for anxiety and recovered. She subsequently left for England, got married and worked as a nursing assistant. On returning home, she no longer went to work, became very

isolated and her anxiety returned worse than ever. We discuss the next step in overcoming her problems, which will involve going into her local church for the first time in a year, accompanied by her husband.

Recovery is rarely a smooth process and at times there are setbacks. However, I believe that by truly listening to people and their families, recovery is a real option.

**These names are fictitious.*



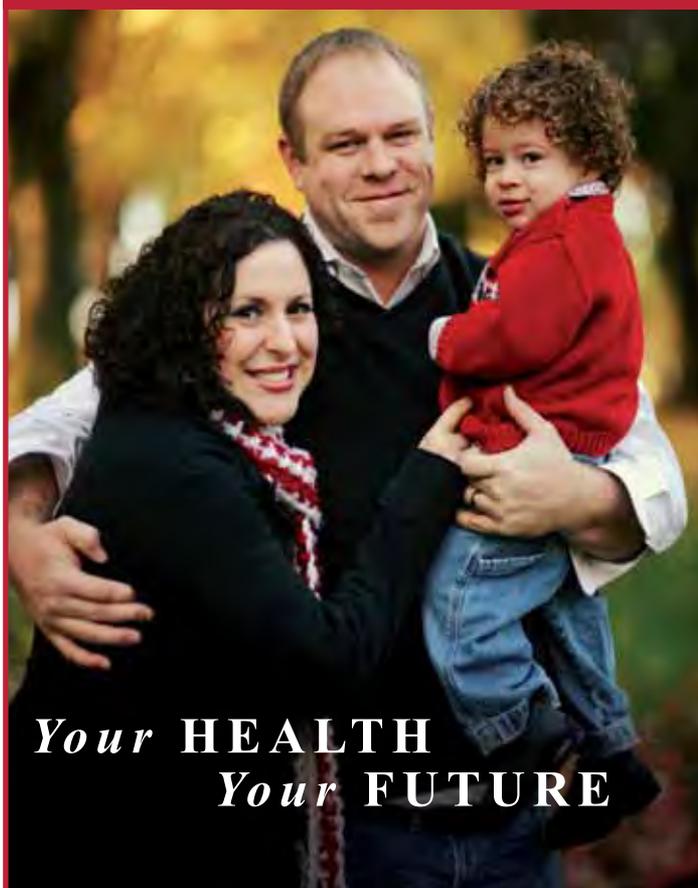
Valerie French Kilroy

'My role is to help people get back to doing everyday activities, so they can take control of their world and regain a meaningful life for themselves'

GROW in Ireland



GROW
World Community Mental Health Movement in Ireland



**Your HEALTH
Your FUTURE**

GROW in Ireland knows that people can and do recover from even the most serious and long-term mental health problems. For some people the recovery process can be long, slow and at times difficult but the reality is it can happen.

We are the only national mental health organisation working to promote mental health and wellbeing for all, to prevent mental ill-health for people who are "at risk" and to support people with mental health problems during their recovery.

GROW's approach is centred on its unique "Caring and Sharing Community" programme, which involves mutual help support groups based within local communities. This approach benefits group members in many ways. Its principal strength is the support its members give to each other, drawing on their own successful experiences of recovery from mental ill-health.

Those attending GROW's weekly meetings can find

- 🌀 **Acceptance and a sense of belonging**
- 🌀 **A way to progressively overcome isolation and fear**
- 🌀 **Strategies for living a satisfying and fulfilling life**
- 🌀 **New life management and coping skills**
- 🌀 **Training for leadership roles or activities in the wider community**

Established in Australia 50 years ago GROW has expanded into New Zealand, Europe and the USA. GROW works across 27 counties on the island of Ireland providing supports within local communities and extending into the Central Mental Hospital and the Prison Service. We deliver information seminars to the general public and health professionals to increase awareness of mental health, suicide and the supports GROW can offer.

GROW in Ireland assists people who may be particularly vulnerable, including those who have been hospitalised, who have attempted suicide, or who have experienced suicidal thoughts. We are increasingly working with, young people who are experiencing psychological or emotional distress.

Provision of services by GROW is dependent on funding received from the Health Service Executive, allied to a very diligent workforce and a loyal volunteer core.

For further information about GROW please visit www.grow.ie or phone 1890 474 474.



Preventing suicide

Suicide is the main cause of death in Irish people under the age of 40, but experts believe there are many ways to prevent it

MOST people who feel suicidal don't really want to die, they just want an end to their pain. It's a sobering thought, but Ireland has one of the fastest-growing suicide rates in the world.

Since the Nineties, while other western countries have seen a reduction in suicide, the overall rate in Ireland has doubled, although this was from an initial low base rate.

The official suicide rate peaked in 2001 at 519 deaths (12.9 per 100,000) and remains around 500 deaths per year. Ireland ranks 17th in the EU for rates of suicide. This increase since the Nineties is mainly attributed to the suicides of young men under 35 years old, with deaths in this group accounting for 40 percent of all Irish suicides. Suicide is now the principal cause of death for people under the age of 40.

However, suicide occurs in all groups of society, and deaths through suicide have exceeded those lost in road traffic accidents by approximately 100 per year since 1998. There is no single cause for suicide. It could happen to anyone.

A general population survey recently carried out by the National Suicide Research Foundation (NSRF) revealed that 23 percent of the general public have had depression at some stage in their life and 7 percent have engaged in non-fatal suicidal behaviour. Over one third reported knowing a relative or close friend with depression.

Based on the same survey, 53 percent were of the opinion that 'the causes of depression are unknown'. Negative opinions were more prevalent among men. For example, 39 percent of the men agreed with the statement that 'if you suffer from depression, you have to pull yourself together to get over it', versus 22 percent of the women.

The study results highlight the need for increased awareness among the general public about depression and suicidal behaviour.

But, is there anything you can do to prevent suicide? Experts believe there are many ways to prevent it, and so does the HSE. The National Office for Suicide Prevention (NOSP) was established in 2005, with that exact aim. The office is overseeing the implementation of Reach Out, the National Strategy for Action on Suicide Prevention. The NOSP also co-ordinates suicide prevention efforts around Ireland, speaking regularly with agencies and individuals active in suicide prevention.

The NOSP is taking a multi-pronged approach to preventing suicides, whether that's by talking

through issues at home, dealing with them in the primary care setting or by positive media reporting.

At home and in the community

Many people carry out deliberate self-harm acts. Whilst not all of these acts could be classified as attempted suicide, many of them are. All acts of self-harm should be taken seriously, as they are a way of communicating intense distress.

Most people thinking about suicide share their pain with others, giving family and friends a chance to respond. While talking about suicide is probably one of the most difficult conversations we might expect to have, it could save a life.

For many of us, it's easier to avoid the topic entirely because of the fear of what might be revealed by someone else. In fact, having the confidence to ask someone if they're feeling suicidal and to continue the conversation can be a lifesaver for someone.

With this in mind, the training course that deals directly with suicide is referred to as 'suicide first aid'. The ASIST training programme is a two-day workshop that aims to teach the skills around recognising the signs of suicide and how to assist someone who is feeling suicidal.

The workshop is targeted at caregivers in the community who are likely to come in contact with those who are feeling suicidal. They include GPs, youth workers, community workers, teachers, Gardaí, staff and volunteers of services such as the Rape Crisis Centre, and many more. Close to 12,000 have completed training as ASIST helpers in the community.

The delivery of community education programmes on suicidal behaviour and mental health promotion are necessary to support, strengthen and sustain a community approach to prevention. In 2008, in partnership with HSE regional suicide resource officers, the NOSP published a standardised training resource, developed specifically for the Irish context. The resource is aimed at providing communities with a basic understanding of issues around suicidal behaviour and prevention.

Primary care

It is recognised that the role of the GP is hugely important in identifying and treating the early stages of many illnesses, both physical and mental, and the same is also true in the identification of people at risk of engaging in suicidal behaviour.

In Ireland, 95 percent of people suffering mental

Help is available

The following websites: www.nosp.ie; www.headline.ie; and www.nsrp.ie are vital sources of information.

The HSE also provides a National Information Service, the HSE Infoline. This infoline advises on health services, entitlements, eligibility, application forms and contact details for services across the country. It operates from 8am to 8pm, Monday to Saturday, on Callsave 1850 24 1850.

The Samaritans are available 24 hours a day to provide confidential emotional support for people who are experiencing feelings of distress or despair, including those that may lead to suicide. Visit www.samaritans.org or call (Roi) 1850 609090/(NI) 08457 909090.

Alternatively, visit www.aware.ie, www.childline.ie or www.spunout.ie.

distress first go to their family doctor, with the majority remaining under their care alone, and up to 66 percent of all people who take their own life have had contact with their GP in the month prior to their death.

Throughout Ireland, GPs complain that they can find it difficult to access community mental health services, especially in urgent suicidal crisis cases. As a result, the links between primary care services and mental health services are being improved.

The NOSP, in collaboration with the Cluain Mhuire Service, has developed a pilot Suicide Crisis Assessment Nurse (SCAN), with the aim of providing a rapid referral service for GPs to use when presented with a client in a suicidal crisis.

Shaun Smith is the SCAN for the Hospitaller Order of St John of God, Cluain Mhuire Community Mental Health Service, South Dublin.

"Access to the service is via a single mobile phone number, allowing for speedier referral. Following referral and discussion with the GP, I will arrange to see the client at the GP surgery, usually within two hours of the referral," he says.

"A full assessment takes place involving a mental state examination, psychosocial factors, risk factors, and supports available, ending with an agreed plan of care aimed at alleviating the crisis."

Where serious mental illness and/or high risks



Shaun Smith, suicide crisis assessment nurse

are indicated, the SCAN can arrange emergency admission to hospital, or daytime care.

The media

The mass media also has a role to play with suicide prevention. Headline is Ireland's national media monitoring programme, working to promote responsible and accurate coverage of mental health and suicide-related issues within the Irish media. Set up by the NOSP as part of Reach Out, Headline is managed by Schizophrenia Ireland.

As well as routinely monitoring print media reporting, Headline aims to work proactively with the media and with individual journalists.

A focus on self-harm

National Suicide Research Foundation (NSRF) data shows that drug overdose is the primary method used in deliberate self-harm (DSH) in this country, representing almost 70 percent of self-harm incidents in Ireland in 2005.

The research showed that the most common drugs used in DSH are minor and major tranquillisers, analgesics (including paracetamol) and antidepressants.

The Disposal of Unused Medication Properly (DUMP) project helps to restrict access to means for suicide and DSH, accidental poisoning in children and prevent environmental pollution.

From an initial pilot group of six pharmacies in 2002, now every pharmacy in the Dublin South City, Dublin South West, Kildare and West Wicklow (amounting to 180) is a part of the DUMP initiative, which urges customers to dispose of unused medication properly at their local community pharmacy.

Year on year, the quantity of unused medicines being collected has increased steadily from 4.66 tonnes in 2004 to a staggering 34.5 tonnes in 2007.

'There is no single cause for suicide. It could happen to anyone'

connect

The National Adults Counselling Service
Free your future from your past

Connect is a free phone counselling service for any adult who has experienced abuse, trauma or neglect in childhood. The service is also available to partners or relatives of people with these experiences.

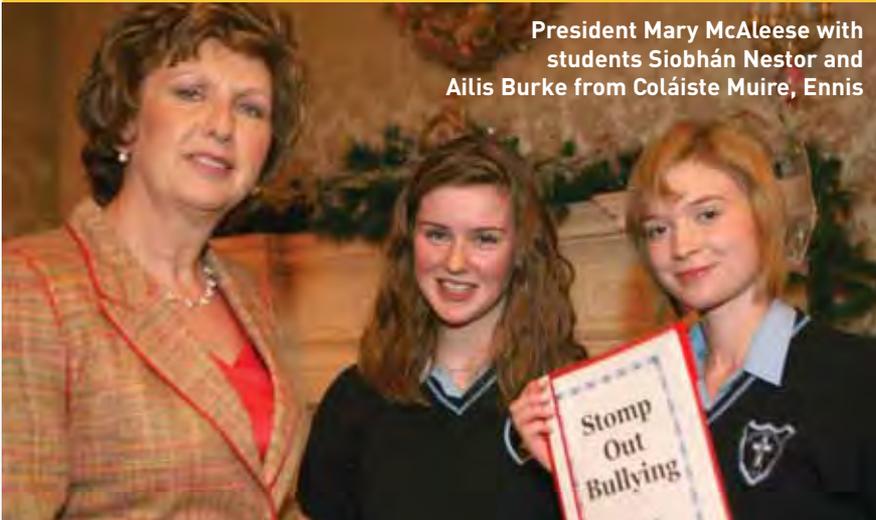
With Connect you can talk in confidence to a trained counsellor who can listen or help with any questions you may have.

Connect is an out of hours service available
Wednesday to Sunday, from 6pm – 10pm.

To speak to a counsellor call:
Freephone 1800 235 235
UK and Northern Ireland 00800 235 235 55

To find out more about Connect visit
www.connectcounselling.ie

BULLYING AND MENTAL HEALTH



President Mary McAleese with students Siobhán Nestor and Ailis Burke from Coláiste Muire, Ennis

School friends from Ennis voice their thoughts on bullying and teenagers in Irish society today

“SIGN ur name if u h8 Laura Mc.” In our local town of Ennis, graffiti such as this is scrawled on doors, alleys and frankly any surface that will take permanent marker. But these mindless scribbles of teenagers are not mindless words to their victims.

The issues of both bullying and mental health are very close to our classmates' hearts. While doing our Young Social Innovators project on bullying during transition year, we found that these two issues were very closely

be devastating, but when the victim does not yet have the life skills to deal with it, the results are even more soul-destroying.

Negative self-image can lead to self-destructive behaviour such as self-harm, eating disorders, substance abuse and, in extreme cases, suicide attempts.

Isolating individuals simply because they are different or because they are perceived as a little strange is a common occurrence in Irish schools. Mental health problems that stem

‘Layer by layer, we are laying the foundations of a mentally healthy society for future generations’

linked. As we dug deeper into the topic, we discovered that bullying was the cause of a huge number of mental illnesses.

The availability of modern technology has resulted in great misuse. Advances that aim to make our lives easier have, in many cases, made them more complicated. In modern Ireland, there are many more mediums for a bully to torment his or her victim. The writer of the negative graffiti can now achieve the same message by creating an “I hate Laura Mc” Bebo or Facebook page. Within hours, the influx of insults can be read by the intended target.

This type of non-confrontational bullying eats away at an adolescent's self-esteem. Criticism at any age can

from bullying during adolescence can develop into serious mental illnesses later in life.

There is a stigma attached to bullying and mental health. Mental illness is often portrayed as something to be ashamed of. In order to solve either of these problems, however, they must be brought out into the open. Fortunately, the lamp of the media is shining more and more light on mental health, with several ad campaigns devoted to the subject.

These are only small developments, but, layer by layer, we are laying the foundations of a mentally healthy society for future generations.

By Ailis Burke, Poppy O'Sullivan and Siobhan Nestor, transition-year students, Ennis, Co Clare.

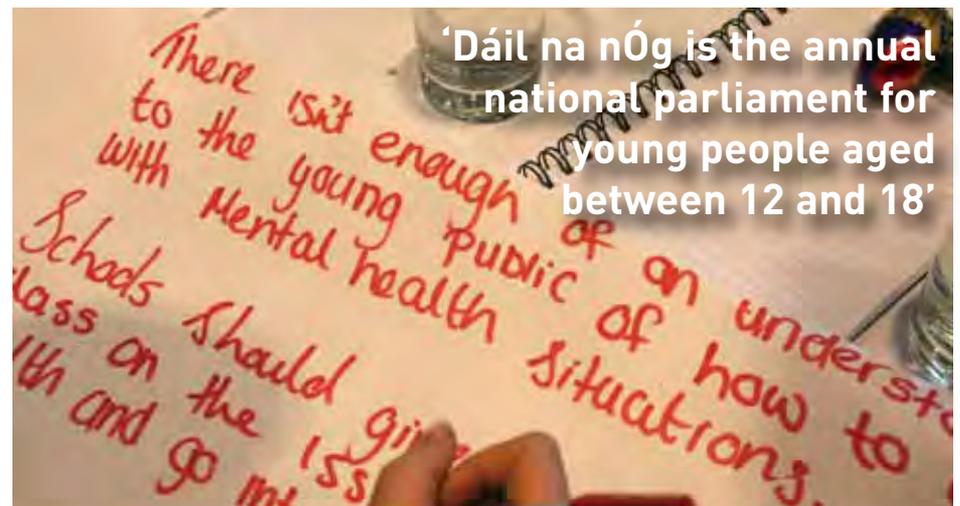
Teenagers take issue with mental health

The teenagers of Ireland are well aware of the importance of mental health to their lives, so much so that they're highlighting it at the highest levels of Government

MENTAL health is a top issue for teenagers, and its importance has been highlighted at Dáil na nÓg (National Youth Parliament) 2008 and 2009.

Mental health was selected as a priority issue for discussion at Dáil na nÓg on 20 February 2009 by teenagers from Comhairle

teenagers was also focusing on the issue of mental health in the Children and Young People's Forum (CYPF), part of the Office for the Minister for Children and Youth Affairs (OMCYA). The CYPF was established in 2004 as a reference panel to advise the OMCYA and the Minister for Children on issues of concern



na nÓg around the country. Comhairle na nÓg are local child and youth councils, set up under the National Children's Strategy in the 34 city and county development boards. Dáil na nÓg is the annual national parliament for young people aged between 12 and 18.

Delegates are elected to Dáil na nÓg by the 34 Comhairle na nÓg throughout the country. The top three recommendations from Dáil na nÓg 2009 on mental health were:

1. A structured SPHE (social, personal and health education) course for senior-cycle students, incorporating positive mental health awareness and the development of an accompanying online support service;
2. Mandatory mental health awareness workshops in all schools on symptoms, supports and effects of mental health issues;
3. A nationwide awareness campaign to promote positive mental health, aimed at reducing the numbers of suicides among young people.

Some 34 delegates were elected to the Dáil na nÓg Council to follow up on these recommendations in 2009.

Children and Young People's Forum

Over the past two years, another group of

to children and young people. There are 35 young people on the forum aged between 12 and 18, from all over the country.

National consultations on mental health

In response to the importance of the teenage mental health issue, the OMCYA conducted six nationwide consultations with 277 teenagers in October 2008 on the theme 'Mental health: what helps and what hurts'. The consultations were carried out in collaboration with the Office for Disability and Mental Health, the HSE and the National Office for Suicide Prevention. The organisations involved in this partnership are acutely aware of the need for more effective and targeted mental health services for young people, and believe that the views of teenagers are critical.

Young people from the Dáil na nÓg Council and the Children and Young People's Forum worked with adults in organising and conducting these consultations.

The outcomes of the consultations are already guiding the development of an advertising and public-awareness campaign on mental health aimed at teenagers, which is being co-ordinated by the National Office for Suicide Prevention.

Supporting teens

Services such as SpunOut.ie and TEENTXT are taking advantage of advances in technology to reach out to teenagers

ORGANISATIONS throughout Ireland are using modern technology to reach out to teenagers. Two services on offer are currently highlighting that technologies such as the internet and mobile phones can be used to tackle teenage mental health issues. In Kerry, TEENTXT has proved highly popular since its launch in 2005, while the SpunOut.ie website provides lots of information for teenagers on mental health issues.

TEENTXT

Offering one-to-one support for young people, TEENTXT is an active listening service, which allows immediate, interactive communication. Specially trained personnel provide the response/support aspect of the service.

TEENTXT came about following research conducted in 2003 by the Kerry Mental Health Association. The research determined stress levels and coping abilities among first-year students in Kerry's second-level schools.

The study indicated that some students were under huge stress. Some 6.4 percent felt very high levels of stress and used inappropriate methods of coping, such as alcohol use and deliberate self-harm, to try ignore the problem.

Overall, one fifth of students surveyed indicated that they experienced high levels

of stress, plus a quarter of students perceived themselves as having great difficulty in coping, with a significant minority not being able to cope at all.

In other words, there were 334 second-level students in Kerry who were in serious difficulty. The main causes of stress were reported as being (in order of frequency): exams; bullying; worrying about being different; school work; relations with teachers; boy/girl relationships; and career choice. In many cases, the young people simply felt there was no one in whom they could confide.

The service is free and open seven days a week between 6pm and 10pm. The young person remains totally anonymous and in control at all times. To date, TEENTXT has received in excess of 27,500 text messages, which have resulted in over 2,600 interactive conversations between TEENTXT and young people in Co Kerry.

Any young person can access the service by texting the word 'TEEN' to 50101, whereupon they will get a personal response. For additional information, visit www.kerrymentalhealth.com.

SpunOut.ie

SpunOut.ie is a national youth organisation, supported by the HSE, that empowers young



'SpunOut.ie ensures young people throughout Ireland always have access to information'

people to experience positive mental health and well-being.

SpunOut.ie ensures young people throughout Ireland always have access to information and support if and when they need it. The website features factsheets on issues such as mental health and suicide prevention, alcohol, drugs, sexual health, education and the environment, as well as inspirational true-life stories on overcoming difficulties in life and a support-service database.

The website has a youth-friendly platform for young people to publish their views, to participate in decision-making and to advocate for social change.

Highlighting the importance of SpunOut.ie, youth volunteer Marie Duffy says: "SpunOut.ie provides invaluable, youth-friendly information and has earned the trust of these young people."

Plans for SpunOut.ie include major social marketing campaigns and new media partnerships. The charity is run by a seven-member staff team of young professionals, aged 23-31, who work in direct partnership with over 400 young volunteers nationally. SpunOut.ie reaches over 360,000 visitors online each year. It is actively seeking sponsors, funders and media partners. Visit www.SpunOut.ie.



Back row, L to R: Jimmy Flynn, ESB Electric Aid; Dr Tony Bates, founder, Headstrong; Craig Hodges, director of service development; and Blanaid Cleary, director of finance and operations. Front row: Louise Carroll, Jigsaw; Karen Galligan, senior research officer; Emma Farrell, YAP member; Nuala Smith, youth participation officer; and Silvia Francavilla, office manager

SOLVING THE JIGSAW

New programmes in Dublin and Galway aim to help young people in these communities deal with mental health issues head-on

HEADSTRONG, the national centre for youth mental health, is aiming to change the way Ireland thinks about young people and their mental health.

The organisation has a vision whereby young people are connected to their community and have the resilience to meet challenges regarding their mental health.

Headstrong runs three interrelated programmes: service development (Jigsaw); research; and advocacy. Jigsaw is working with communities and young people in the search to build effective supports for their mental health and well-being.

The most constant message heard in conversations with young people is they are tired of being seen as the 'problem'. They want to be given the chance to be listened

to, to be heard and to be part of creating new solutions.

The organisation just opened its first service, Jigsaw Galway, in January. Young people of Galway City and county can now access a range of new and enhanced services and supports from a hub located in Galway City. The service also provides outreach to other parts of the county.

Jigsaw youngballymun, which was launched in 2008, will open next month and will provide a significant resource and support to young people with emerging mental health issues in Ballymun, Dublin.

Jigsaw will be further developed in counties Kerry, Meath and Roscommon over the coming months. In addition, there are several other communities that are keen to implement the Jigsaw model. Headstrong is committed to working with each of these communities.

SUPPORT AND CANCER



Being diagnosed with cancer can bring with it a whole host of emotions, some of which may be very difficult to cope with. A new psycho-oncology unit at St James's Hospital can help

RECEIVING a diagnosis of cancer and undergoing treatments are associated with significant psychological distress, ranging from 'normal' levels of sadness and fear to disabling symptoms such as depression, anxiety and body-image problems.

With the support of family and friends, the majority of people will ultimately cope well. However, it is estimated that about a third of people with cancer will require some help from mental health professionals. Psycho-oncology refers to psychological aspects of cancer and its treatment.

Dr Anne-Marie O'Dwyer, consultant psychiatrist, and her colleague Dr Sonya Collier established the first multidisciplinary psycho-oncology service in Ireland at St James's Hospital in 2002.

They developed a model of care that provides a range of psychological interventions, which are matched to the person's level of distress. Interventions include individual psychological therapy; group psychological therapies; medication; patient lectures; information booklets; and staff training.

The service provides appropriate, effective and timely psychological interventions and is available to all people with cancer attending St James's Hospital. It is resulting in reduced distress, improved quality of life, better compliance with medical/surgical procedures and fewer crisis check-ups and admissions.

The service is also involved in ongoing research and development of clinical treatments. Currently, it is creating a self-help psychological treatment manual and DVD for the management of cancer-related fatigue, and is collaborating with the Marie Keating Foundation on the project, which it hopes will be available this year.

'Psycho-oncology refers to psychological aspects of cancer and its treatment'

LIVING WITH DEMENTIA



With the number of people with dementia and Alzheimer's disease in Ireland set to increase, the Psychiatry of Old Age Service is more important than ever

IN the past, the care of people with dementia in Ireland was very much based on institutional care, with minimal help in the community. People were routinely admitted to asylums at a point of crisis, having received low levels of help prior to this.

In 1984, the then government produced a policy document, 'Planning for the Future', which stated the routine admission of people with dementia to psychiatric hospitals should cease.

In 1989 the first Psychiatry of Old Age Service (POAS) was set up in Dublin to provide assessment and treatment of people with mental health disorders, but specifically including those with dementia. This model of care for elderly people has been replicated throughout most of the country.

"It is particularly beneficial for those who have dementia in that it brings the service to people who would otherwise find it difficult to access it," says Dr Margo Wrigley, consultant psychiatrist/clinical director with POAS in Dublin North Central and Dublin North West.

"It also allows for an assessment within their home, which is recognised to be the best form of assessment since the person is in familiar surroundings."

The HSE's 'A Vision for Change' policy is also based on the principle of providing care and treatment within the community, while ensuring that those with severe mental health problems continue to have access to the best-possible specialist mental health services. With this in mind, moves are under way to ensure that those who require residential care receive it within their communities.

Verville Retreat was a psychiatric hospital in Clontarf, Dublin for people with severe mental health problems, most of whom were older people. The building itself was very beautiful, but dilapidated, and it was recognised that residents would need a new home.

At the time, the Talbot Nursing Home Group was adding a wing to its nursing home in Malahide, and confirmed that it could provide the type of care required by the residents of Verville.

The management team of the North Dublin Old Age Psychiatry Service brought the project back to the then Northern Area Health Board, which agreed to advance it further. It was agreed that the residents of Verville would move into the Talbot Nursing Home, with the comprehensive GP services augmented by weekly visits from a consultant psychiatrist and community mental health nurse.

"This arrangement has been in place for four years and is working extremely well. A similar arrangement has now been provided for a second group of residents within the service in a newly built nursing home in North Dublin," says Dr Wrigley.

CARING FOR THE CARERS

There are currently approximately 38,000 people with Alzheimer's disease in Ireland, and 31,000 of these are being cared for within the community. Due to the ageing population, it is predicted that this figure could rise to 58,000 by 2021 and to 104,000 by 2036.

Research suggests that those caring for a person with dementia are more vulnerable and at risk of suffering from heightened stress levels. However, a multidisciplinary support group for carers of the elderly can be effective.

A pilot study was carried out in Laois in late 2007, which included participants who were caring either for their spouses or an elderly parent, all with a dementia diagnosis. The group was facilitated in An Triú Aois day hospital, Portlaoise by the Psychiatry of Later Life team. Participants were invited to attend the carers' support group between October and December 2007.

A multidisciplinary team of doctors and nurses, an occupational therapist and a social worker all attended, and areas explored included information regarding stages of the illness; medication management; and experience of loss.

Results of the study suggest the participants found the issues addressed to be relevant to their caring role and would recommend other carers to attend such a support group. They felt better equipped to care for their loved ones afterwards.

WORKING IT OUT

— gay and lesbian mental health

It's not being gay or lesbian in itself that's the issue, but how society treats such people, writes **Odhrán Allen**, director of Mental Health Strategy at GLEN — the Gay and Lesbian Equality Network

THERE has been significant social change in Ireland in recent years, which has had a very positive impact on the lives of many lesbian and gay people, allowing them to participate more fully and openly in their families, their communities, their work and in society in general.

However, it's clear from research in Ireland that lesbian and gay people can still experience stress related to their sexual identity, often termed 'minority stress', which impacts on their participation in society and their enjoyment of everyday life.

Experiences such as concealing one's sexual identity, homophobic bullying in school (79 percent of secondary-school teachers have reported homophobic bullying in their schools in a recent study) and negative reactions to coming out can put a

strain on gay people's mental health.

Furthermore, 'Reach Out', the Government's strategy for suicide prevention, identifies gay and lesbian people as a group vulnerable to depression, self-harm and suicidal behaviour because of their experience of stigmatisation and marginalisation in Irish society.

Statutory and voluntary agencies, and professional bodies, have a critical role to play in addressing these issues. GLEN works collaboratively with a range of these organisations, including the HSE, supporting them in integrating the needs of gay and lesbian people into the planning, delivery and evaluation of mainstream health and social services.

The HSE National Office for Suicide Prevention is playing a leading role in this work

and has funded a major study of gay and lesbian mental health in Ireland, due to be published shortly. GLEN has worked with the Irish College of General Practitioners to develop a guide for GPs. It has also worked with the Psychological Society of Ireland to develop a statement on inclusive practice for psychologists.

A range of community supports exists for those who are, or may be, lesbian or gay, and for their parents and families, including helplines, youth groups, community centres and a range of support and social groups. BeLonG To is the leading national organisation working for and providing services to young lesbian, gay, bisexual and transgender people.

For more information on services, visit www.glen.ie.



'Lesbian and gay people can still experience stress related to their sexual identity, which impacts on their participation in society'

DEAFHEAR.IE

IN the Republic of Ireland, more than 5,000 people belong to the deaf community, a cultural minority with Irish Sign Language (ISL) as their first or preferred language. Over 90 percent of deaf people are born into hearing families.

Deaf people are at an increased risk of having mental health problems for three main reasons: the cause of the deafness may instigate neurological, sight or other problems; there may be significant language delay; and deaf people have extremely limited access to appropriate mental health services.

Speech and lip-reading are difficult to acquire, and educational policies or parental choices can limit or delay access to sign language for children in hearing families. Language delay can then adversely affect educational, social, emotional and psychological development.

In 2005 the HSE, through DeafHear.ie, set up a consultation service for deaf people.

Dr Margaret du Feu, consultant psychiatrist, is seconded from the Northern Ireland Deaf Mental Health Service two days a week, and Stephen Browne is the full-time clinical nurse specialist. The team has interpreting support, and the administration is based at DeafHear.ie, 35 North Frederick Street, Dublin 1.

Contact Carol McTernan at 01 8175738 or email carol.mcternan@deafhear.ie.

Clinics are held in Dublin North, Dublin South, Dundalk, Kilkenny, Wexford, Waterford, Galway, Cork, Letterkenny, Limerick, Sligo and Killarney. Consultations and home visits are also carried out.

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Addressing the issue of alcohol

While Irish people are famed for their love of drinking and having 'the craic', the reality is that drinking and mental health issues all too often go hand in hand

MANY mental and emotional health problems are connected either to individual problem drinking or due to the impact of someone else's drinking. As a society, we are working towards developing an understanding of the important factors in maintaining good mental health.

Despite much media focus on alcohol and its harmful impact on our physical health, very little reference has been made to our high levels of alcohol consumption and our mental well-being, or why so many Irish people have such a troubled relationship with alcohol.

The reasons we drink and the consequences of our excessive drinking are inextricably linked with our mental health.

Heavy drinking in Ireland has become the norm, with a 40 percent increase in consumption levels over the past number of years. Heavy drinking does drain us. On an individual level, we don't feel rested or refreshed after it, rather we are left tired and dehydrated.

On an emotional level, it leaves us in equally poor shape. We avoid meeting people, feel under the weather and we may feel guilty and

disgusted with ourselves. Life itself seems to be more daunting and we can feel overwhelmed and less confident of being able to hold it all together.

We become increasingly touchy and despairing. We may no longer wish to carry out any activity that does not include drinking. We become less and less at ease with ourselves, our life, our work and our relationships.

Anxiety and depressive symptoms are more common in heavy drinkers. Heavy drinking is also more common in those with anxiety and depression. Being a friend or relative of such a drinker also exacts a tiresome toll.

Life throws enough challenges our way, requiring attention and care for ourselves in the midst of a crisis. Heavy drinking invariably exacerbates personal problems and makes solutions that much harder to find.

Professionals and friends need to identify individuals who are using alcohol to treat underlying problems such as stress, anxiety or depression in order to offer alternative approaches to managing mental health problems.



'Heavy drinking in Ireland has become the norm, with a 40 percent increase in consumption levels'

Most of all, stick to the recommended weekly number of alcoholic drinks, ie 21 standard drinks for men and 14 standard drinks for women, spread out over a seven-day period.

For further information on services, visit www.hse.ie.

Alcohol Liaison Project — Cavan General Hospital

A NEW alcohol liaison project, aimed at reducing the frequency of repeat admissions to the general hospital and enhancing awareness of alcohol as a health issue among all grades of staff, has been established at Cavan General Hospital.

The project has been initiated by two specialist nurses in addiction within the Cavan/Monaghan Mental Health Service.

Alcohol-related admissions make up a large percentage of all presentations to general hospitals. Consequently, there is an increasing onus on all departments to provide a coherent response to the difficulties associated with problem drinking.

In particular, opportunistic, brief interventions can be a useful health-promotion strategy. It has been demonstrated that patients who receive information and advice from healthcare professionals are significantly more likely to address their use of alcohol.

This initiative was piloted in 2006, but has since been extended and is now offered to all units and departments. Part of the process involved introducing a reliable and validated alcohol-screening tool that would identify problem and hazardous drinkers who would otherwise be missed.

Over 2,400 patients have been screened for alcohol to date, and 600 have had direct contact with the alcohol-liaison nurses.

The service offers a comprehensive assessment in conjunction with brief, opportunistic intervention, with a view to helping patients establish a connection between their medical illness and pattern of alcohol consumption. Patients are then offered a menu of options for accessing further help and given a leaflet outlining these options.

The focus on alcohol as a health issue has been afforded greater priority since this service was introduced. This project is an example of linkages and integration between the acute hospital and mental health services and how it supports the policies outlined both in 'A Vision for Change', the report of the Expert Group on Mental Health Strategy at the Department of Health and Children, and the HSE's Transformation Programme. The liaison nurses have also been involved in providing education and training to nursing and medical staff.

Travelling Community — mental health

A Galway-based working group on mental health and the Travelling Community is seeing an uptake in counselling services

A WORKING group in Galway is supporting practical ways to share knowledge and to support the improvement of mental health within the Travelling Community. In 2005, the Traveller Mental Health Working Group was formed by members of the Primary Health Care Team in the Galway Traveller Movement and HSE professionals concerned with mental health issues in the Travelling Community.

In the early days, two videos/DVDs on depression and stress, as well as literacy-friendly leaflets, were developed and used with travellers to reflect their experiences.

There was concern about using the videos

to raise awareness of depression and stress because there was also an identified gap in appropriate counselling support.

There was no data available on the uptake of counselling services by the Travelling Community, but feedback from focus groups identified a need for bereavement counselling and support for families post-bereavement and post-suicide. There were also questions around what model of support would be most effective within the Travelling Community.

It was proposed that work be done to explore appropriate models for such support and at the same time provide individual counselling sessions. This was

made possible through HSE funding for work related to suicide prevention and mental health promotion.

There is a stigma with seeking counselling among the Travelling Community — indeed among many communities. People don't want others to know what is happening; they don't want to get labelled. Understandably, and as expected, uptake was slow initially, but the number of people seeking the service is now growing.

The resources mentioned are available from Primary Health Care, Galway Traveller Movement. Call 091 765390 or email info@gtmtrav.ie.

'Feedback from focus groups identified a need for bereavement counselling and support for families post-bereavement and suicide'

Giving a voice to mental illness

Jennifer Brophy, clinical specialist, speech and language therapy, talks about the role of speech and language therapy in mental health services

SPEECH and Language Therapy (SLT) for adults with mental health disorders is an exciting and much-needed new development in Ireland. In June 2006, I undertook the role of clinical specialist SLT in Adult Mental Health under the auspices of Tallaght Hospital and HSE Dublin South West.

Over the past two years, I have been asked: 'Why SLT in psychiatry? Haven't we managed fine until now?' My answer has always been: 'Well, why not?' As speech and language therapists, we have a deep understanding of the various speech, language and communication disorders. We are also trained, in considerable depth in the areas of linguistics, neurology and psychology.

The development of this service was influenced by a 2007 needs-analysis study. This contributed to, firstly, an increased knowledge of the nature of the speech, communication, language and swallowing disorders associated

with, or intrinsic to, many psychiatric presentations; and, secondly, an identified, marked prevalence of these disorders in this client group.

'I sit and look at what other people do to communicate, then maybe I'll know'

32-year-old man with schizophrenia

The service is community-based, where a person is seen as they are recovering after a possible inpatient stay and are seeking to re-engage with family, work and social life. Treatment consists of one-to-one sessions and group work in the areas of language and social communication skills. Education and research is a priority, with projects taking place to inform this newly developing domain of practice.

A day in the life of a student nurse

Student nurses Jean Healy and Michael Flanagan give their views on gaining a nursing qualification in mental health services

THERE is probably no such thing as a typical day, or indeed a typical student nurse, in the area of mental health nursing. This discipline of nursing education and training prepares students to work with a wide variety of people, ranging from those with mild mental health problems to those with severe mental illnesses.

The primary goal is to try to alleviate the symptoms of mental illness and to return the person to an optimum state of mental health. This involves working with people in a very holistic way. The role of the nurse is to develop a relationship with the service user, which allows them to work together to overcome the particular problems arising for that person.

Two students, Michael Flanagan and Jean Healy, are representative of the cross section of people who are training to work in the area.

Mr Flanagan, a mature student who is married with two children, feels his previous work and life experiences have given him a maturity and outlook on life that helps him in his role.

"Mental health nursing is extremely rewarding and provides an opportunity to help and support individuals to overcome challenges in their lives and recover from periods of ill health.



Jean Healy and Michael Flanagan

Returning to college was the best decision I ever made," he says.

Mr Flanagan availed of the HSE staff sponsorship scheme, whereby his salary is paid while he is training.

Currently in her third year, Ms Healy went into nursing straight from school. She has particularly enjoyed the variety of the placements in both hospital and community settings.

"I also like the counselling aspect of the role and feel this is an area I will explore further when I qualify," she says.

For further information on mental health nursing as a career, email: stunurserec.mentalhealth@hse.ie or check out www.nursingcareers.ie.

Making a difference

Michael Bambrick, director of nursing, West Cork Mental Health Services, describes a typical working day

I AM a senior nurse manager to the Nursing and Support Services and, along with my colleagues on the multidisciplinary team, we provide care and treatment to people with mental health issues in West Cork. This is achieved in a variety of settings, including community and primary care working, residential services and acute care.

Each day is very different; there is the routine element of meetings, teleconferences and administration, which deal with day-to-day operational issues, and there is more strategic engagement nationally in terms of medium- and long-term planning. This is driven by the 'A Vision for Change' document, a national mental health policy framework.

Each day brings its mixture of challenges, opportunities and some surprises, but it is important, particularly in this changing environment, to always remain positive.

While I have a clear management role to ensure we deliver the best standards of care, it's also vital to provide leadership, with a clear direction of care that gives hope and a true sense of recovery to the people with mental health issues in West Cork.

This is achieved by the strong commitment of our staff, but also the involvement of service users and carers. It's this partnership approach that is the most exciting element of my job on a daily basis — where, together, we can make a real difference to people's lives.

Service users and carers bring immense knowledge and expertise because they know what is required by their experience, and my job is to facilitate and create opportunities for their voice to be heard.

It's also my role on a daily basis to see mental health as not just the provision of the statutory services. We have forged strong links with the NLN, Rehab Care, West



Cork Community Partnership, Supported Housing and employment agencies to create a culture where mental health is everyone's business, including the community.

This creates an environment for innovative projects that includes the Community Mental Health Forum, involving providers, service users and carers, to discuss through dialogue mental health issues, along with a Home Focus initiative, delivering a recovery-based support structure in people's homes to enhance their mental health and well-being.

Is it exciting? Yes. Is it stressful? Yes. Is it worth doing? A definite yes.

A first for Europe

THE School of Nursing, Dublin City University, in partnership with the HSE, has developed a new post, 'practice, education, research expert by experience'.

The post, when it was advertised, uniquely did not require academic qualifications, but, rather, sought an applicant who had experience as a user of mental health services in Ireland. This is the first time such a post has been offered in Europe.

Paddy McGowan has been recruited to the post, following a competitive process that attracted good interest from the mental health service user community.

Martin Rogan, assistant national director with responsibility for mental health, says: "Service users' perspective is central to how HSE mental health services operate. Every inpatient unit has ready access to peer advocates. The National Service User Executive was launched in January and this post will point the way forward with a strong evidence base."

If you would like to hear more about the post and/or develop links, please contact Paddy McGowan on 01 7008926.

SERVICES AT A GLANCE

TOUCHING BASE

SHINE – Supporting People Affected by Mental Ill Health (formally Schizophrenia Ireland) is the national organisation dedicated to upholding the rights and addressing the needs of all those affected by enduring mental illness.

An important aspect of Shine is its community resource centres for people with self-experience of mental illness. The Basin Club model is currently used in two locations in Ireland: the Basin Club located in Dublin City, which opened its doors in 2002; and the Basement Resource Centre in Cork City, which began in 2006.

The Basin Club model is best described as an empowerment model; the level of rights exercised by the service is unique as it recognises members as the key stakeholders, and is based on the principles of co-operation and partnership between Shine and its members.

Membership is lifelong and open to anyone with self-experience of mental illness.

The entire shape of the service is determined by the club's members and all decisions are made by and through the members at weekly meetings.

For further details, visit www.shineonline.ie or contact Shine at 1890 621631.

ADVANCING MENTAL HEALTH SERVICES IN THE WEST

BALLINASLOE has had a long tradition of mental health care, ever since the establishment, in 1833, of St Brigid's Hospital to provide mental health services for the West. The hospital has seen much change since then, and today a cutting-edge mental health service has been developed. St Brigid's provides a range of services, including brief intervention; community-based teams; liaison psychiatry; specialised addiction services; community-based home care; acute inpatient, respite and long-term care; and nursing-home liaison.

Adrian Ahern, manager of Mental Health Services for Galway, says: "The mapping of services between St Brigid's Hospital and the primary care networks is well advanced. The next step is to develop a standalone learning disability service to work with the primary care network and to continue with the planned phasing out of the 'old' psychiatric hospital so long associated with Ballinasloe."

Please contact 090 9648400 for further details.

A FRIENDLY FACE

THE aim of the North Dublin Befriending Service is to support people with mental health difficulties to reintegrate into their communities, empowering them to reestablish personal interests and contacts and access resources within their community, thus alleviating social isolation and exclusion.

The service focuses on the client's (befriendee's) own particular needs, goals and potential, and assists them to reintegrate into their own community. It does this by supporting the person to achieve their own personal goals, (ie using public transport, socialising/recreational activities



Friendly faces at the launch of the Befriending Service

etc); by providing an opportunity for them to have support in developing their hobbies and interests; and by helping them access community resources such as training and education.

On launching this service, the Minister for Equality, Disability and Mental Health, John Moloney TD, said: "One of the fundamental principles of the 'A Vision for Change' mental health policy is recovery. People with mental illness can and should be facilitated in reclaiming their lives and becoming involved in society. To achieve this, people need supportive mental health services, but they also need supportive communities. As the stigma attached to mental illness is one of the biggest challenges we face, putting the message out there in the community that it is okay to admit you are depressed or lonely is key. Sometimes all we need is a friendly face and someone to listen in a time of need."

Go to www.befriendingservice.com or call 01 8787184 for more details.

A HOME FROM HOME

SLÍ Eile provides housing and support services for people with enduring mental health problems. Its pilot housing project has been up and running in Charleville, north Cork since September 2006. This six-bedroom bungalow is home to five people. As well as peer support, a team of six enthusiastic staff members ensures one support worker is available 24/7.

There is no limit on the length of tenancy — all tenants have experienced many hospital admissions over a period of time — varying from five to over 20 years.

Future developments include plans to purchase a second property in Charleville and to provide unstaffed accommodation. A property in Ennis will also provide supported living accommodation for eight tenants.

Go to www.sleilehousing.com or call 063 70435 for more information.

BUILDING THE SKILL BASE

AN education package has been made available to nurses in Longford, Westmeath, Laois and Offaly. The portfolio of assessment tools provides: mental health symptom-screening tools; self-evaluation screening tools; medication-effect screening tools; alcohol/drug screening tools; living-skills screening tools; and a tool for making sense of the assessment data.

The main aims of this initiative are to enable nurses to have the requisite skills to deliver comprehensive and holistic assessment to improve overall care for service

users; to strengthen the care plan and interventions for service users; and to deliver a consistent standardised approach to patient care.

In 2008, over 60 nurses received the education package, and this figure is being built upon in 2009.

For further information, contact, on behalf of the Mental Health Assessment Tools Working Group, Margaret Daly, NPDC, MHS, 057 9357862 or email: Margaret.Daly2@hse.ie.

OFFERING A LINK

WORKLINK North West is a community-based HSE training and support service for people who have experienced mental ill health/illness. Established in Donegal in 1995, the service has five training centres — three in Letterkenny, one in Carndonagh and one in Dungloe. To date, it has enabled over 500 people recovering from mental ill health to find or reclaim direction and meaning in their lives. The service delivers a variety of training programmes, one of which is the Active Life Programme. This is a sports and physical-activity programme, which includes river rafting, wall climbing, walking and swimming.

The programme also delivers assertiveness and communication-skills training, with the aim of building confidence and enabling people to better manage daily living.

For more information about the service, contact teresa.haughey@hse.ie or phone 074 9128872.

GIVING RESPITE

GREENBANKS Crisis House is a 12-bed unit located on the Athy Road in Carlow, offering support and intervention for people experiencing mental health difficulties. Staff members are employed on a 24-hour basis, facilitating out-of-hours presentation to the service. Greenbanks offers an alternative to in-patient care for people who would otherwise be admitted to the acute psychiatric unit, providing an effective response to specific requirements.

It focuses on addressing the needs of people in a highly innovative way and may be used for crisis intervention or respite purposes. A crisis bed is offered to new or existing service users who are deemed to require a brief period to resolve some psychological or social crisis. The unit is accessible either through the day hospital at St Dymphna's or by going through the community mental health teams or the Department of Psychiatry. The facility offers a collaborative approach from the multi-disciplinary team.

A MULTIDISCIPLINARY APPROACH IN TULLOW

Delivery of mental health services from Tullow Health Centre commenced in April 2006. In addition to mental health services, this purpose-built centre houses a general practitioner surgery, speech and language therapy, dental services, physiotherapy and public health nurse services.

The service is primarily aimed at service users newly referred to the services in the catchment area.

The centre is staffed by three clinical nurse managers, one of whom makes same-day contact with the service user by telephone and outlines the supports available. This staff member will remain linked with the service user for the duration of their attendance. Ongoing support and monitoring is provided as clinically appropriate, and a multidisciplinary team approach is taken.

NEW COMPANIONS

IN order to promote inclusion and integration within a community setting, a social-support group, Companions, was formed in Wicklow in 2004. The aim of the group was to aid individuals with a psychiatric illness who were living in its community. The group is run on a weekly basis by volunteers from the Wicklow Mental Health Association, with support from the local community mental health nurse. Since its formation, Companions has gone from strength to strength, having 15 to 20 active members, all of whom have formed lasting friendships. The group works with Wicklow VEC and Wicklow Working Together, participating in courses ranging from art therapy and food preparation to computer skills, stress management and psychology.

Go to www.wicklowmentalhealth.org for further details.

A NEW FOCUS

HOME Focus was set up to provide holistic, person-centred, recovery-based support to people with severe and enduring mental health difficulties who are isolated because of their inability or unwillingness to access traditional, centre-based models of service delivery.

The aim of the project is to deliver a service to this group of people in their own homes and communities in the west Cork areas of Skibbereen/Schull, Bantry/Castletownbere and Clonakilty/Dunmanway. Participants are enabled to enhance their mental health, well-being and quality of life, as well as improve their independent living skills and their ability to access training, education and employment opportunities.

The project is delivered by a team combining service user and professional expertise. Staff members include a rehabilitative training instructor, an outreach nurse, a recovery-support worker and a recovery-resource worker. The project has led to a significant 47 percent reduction in hospital admissions over a period of 12 months for participants.



Bray Family Support Group

SUPPORT FOR FAMILIES

ESTABLISHED in 2008, the Bray Family Support Group supports family members as an integral part of the overall treatment of people with a schizophrenic or psychotic illness. It is recognised that few people become carers by making a rational decision about what they are going to do with their lives. Rather the caring role creeps up on them, as it becomes clear that their relative is going to need help for much longer than anyone imagined. Having identified the need, the aim was to provide relatives with an outlet where they could safely discuss care issues, share experiences and develop better coping strategies.

Living with a relative with enduring mental illness is not a burden easily explained or shared, so within the group process the emphasis was placed on "social support and mutual aid with members both providing and receiving help, while also serving as role models."

The Family Support Group was held weekly over nine weeks by members of the nursing staff working within the community. On completion, the family members continue to meet once a month and have developed their own supportive network.

Contact Ellen Conalty, community mental health nurse, or Caroline Gille, staff nurse RPN, on 01 2862345.

ROSCOMMON'S MELTING POT

A UNIQUE centre in Roscommon town, the Melting Pot, delivers an innovative community-enterprise and social-inclusion project. It was established by an unusual partnership of local development agencies, voluntary-sector support services and the HSE in Roscommon, and arose

due to the awareness of a serious gap in service delivery for people recovering from mental illness in the area.

The Melting Pot centre comprises a coffee shop, internet access and a retail outlet for second-hand clothes and other goods. It is located in a central shopping area of the town and is open and accessible to all members of the general public. The Melting Pot is a venue for youth activities, a general meeting place, training/seminar venue and also includes a peer-support project, which is run from the centre.

The centre provides a place to meet and chat in a relaxed and friendly environment and has been developed in a way to ensure that it is both accessible and welcoming of the general public and this ensures greater integration of the target groups into real life social, commercial and communication situations. This reduces the stigmatisation experienced by these groups and ensures that the centre is a microcosm of the wider society whereby individuals can grow in confidence in a supportive, but real environment.

SUPPORTIVE CENTRE IN NENAGH

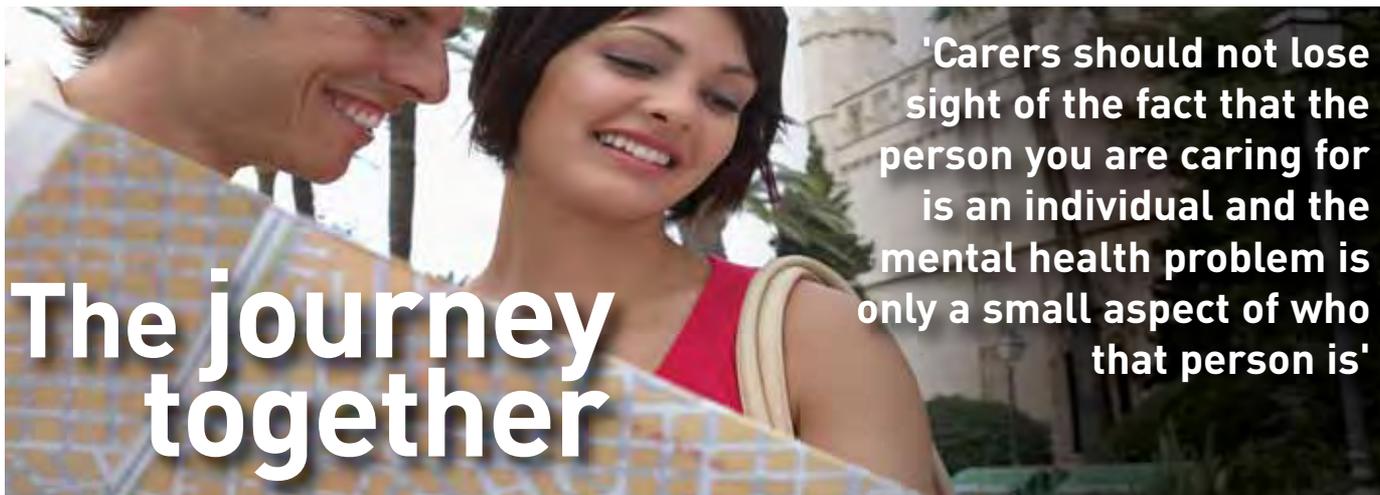
ARAS Follain Nenagh Peer Support Centre aims to empower people in their physical, emotional, spiritual and mental development through generating an open, non-judgemental environment. The centre aims to reach as many of the population as possible who are living in the community and experiencing mental health difficulties or who are at risk through social isolation, disability or unemployment. A variety of peer-support groups access the centre, including the Family Support Group, Nenagh Social Circle, GROW, WRAP (Wellness Recovery Action Plan), Young Mothers Support Group, and Phrenz Group (Schizophrenia Ireland).

The centre is currently providing self-advocacy training, a cook-it programme and a personal-development programme. There is also an opportunity to practise other skills such as mindfulness meditation, music appreciation, art and yoga classes.

Go to www.arasfollain.com or call 067 41906 for further details.



At the HSE Achievement Awards were, L-R: Martin McDonald, HSE assistant national director of human resources; Garrett Doyle, peer support; Andrew McDonnell, Clorina House Training Centre, HSE West, Roscommon; Adrian Brend, manager, The Melting Pot, Roscommon; and Larry Walsh, director, Health Services National Partnership Forum



The journey together

'Carers should not lose sight of the fact that the person you are caring for is an individual and the mental health problem is only a small aspect of who that person is'

A new booklet aims to provide support to the families and friends of those experiencing mental health problems

AN information booklet for families and friends who support people experiencing mental health problems has been published by the HSE.

An insightful guide for carers, the booklet looks at all aspects of the role of a carer when it comes to mental health. It defines a carer as "a person who gives up their own time, often without payment, recognition or thanks, to help another person who is disadvantaged due to physical or mental illness or disability."

A summary of some of the most common mental illnesses and their treatments, such as schizophrenia, depression, obsessive compulsive disorder and eating disorders, is also provided, along with the contact details of organisations that can help.

Very often, the jargon that comes with any health issue can be mind-boggling for both

carers and service, and to its credit 'The Journey Together' explains many terms in detail. These include 'psychosis', 'cognitive behavioural therapy' and 'holistic' to name a few.

'The Journey Together' is a joint project between the HSE, National Service Users Executive, the Irish Advocacy Network and Shine, and the agencies have all added their expertise to the guide, which covers many issues.

Very useful is a checklist of questions, which experts say can help prepare you before you meet with any of the team involved in your relative's care and recovery. Sample questions about the diagnosis, assessment, care, treatment and recovery are provided in the booklet.

Many carers often have to manage difficult

behaviour or talk calmly to their relative who may be having delusions. 'The Journey Together' offers tips to defuse the situation.

"Carers should not lose sight of the fact that the person you are caring for is an individual and the mental health problem is only a small aspect of who that person is," reads 'The Journey Together', as it goes on to explain ways you could form a recovery plan together with the person you're caring for.

While the booklet is a very useful guide to helping carers care for their relatives or friends, it does not neglect the carer and provides 13 self-care tips.

It's an informative guide, which will act as a must-read for carers regardless of the stage they are at in their caring journey.

For a free copy of 'The Journey Together', go to www.hse.ie.

Tips for self-care

EAT WELL

What we eat is important for both our physical and mental health. Being balanced in what we eat and drink is key.

EXERCISE

Regular exercise such as walking, swimming and jogging can help to reduce stress and improve the feel-good factor.

SLEEP

Getting sufficient sleep is essential to allow the body and mind to refresh and renew itself. If you don't get enough sleep, you will find yourself stressed and irritated.

THINK POSITIVELY

While you may feel this is impossible, telling yourself you can cope and thinking of times when you overcame certain situations will make you more confident and optimistic.

MANAGE TIME

Make sure you set aside time for you and your needs. Continue to do things that you enjoy and don't neglect yourself.

RELAX

Allow yourself 10 minutes each day to take some time-out.

SPACE

Identify a place that you can go to, to get away and relax, be it in the garden or house, but somewhere you can feel a sense of security.

BREATHE

While we all take breathing for granted, breathing slowly and calmly can help relieve stress.

STRESS

Acknowledge it if you are feeling it, and then take steps to address it.

TRAINING

There are classes available for carers, which provide information on the signs/symptoms of mental illness. While learning about various aspects of the illness, you can also come in contact with others who are having similar experiences.

CHANGE

Embrace it and you will see the rewards.

EXPRESS

Put your feelings in to words, and speak to someone with whom you are comfortable.

ASK FOR HELP

There are times when the carer may need help. In that event, don't be afraid to ask for it.

A WINDOW TO THE PAST

AS the HSE closes the last of the remaining institutions, it has set about protecting the history and heritage of our old psychiatric hospitals. St Brendan's is the oldest of the original hospitals, with a valuable and historical collection.

In fact, patient records dating back to pre-famine times, nursing uniforms and training medals from a bygone era and old surgical instruments are just some of the unique artefacts that have been gathered by the staff and former staff members of St Brendan's Hospital in Dublin's Grangegorman.

Since the Seventies, employees from the hospital have been assembling the artefacts. Brian Donnelly, archivist, National Archives Office, says it's an extraordinary collection.

"The case records are of great historic interest, both nationally and internationally.

There were some innovative medical practitioners here over the years since the late 19th century and the records reflect their work. The collection offers a great insight into the human psyche over a very long period of time."

The case records show why patients were admitted for treatment and offer a real insight into the tough social conditions that prevailed in Ireland.

The 90-acre Richmond asylum in Grangegorman opened its doors in 1814. At one point, there were 2,000 patients in St Brendan's Hospital. Hospital chaplain in St Brendan's, Fr Piaras O'Duill, HSE staff member, Ray Keane, and other staff members have been actively involved in trying to ensure the historical material is preserved for future generations.

Mr Keane feels the photographs of the



patients in the case books are particularly valuable. "From about 1880, when a patient was admitted he was photographed. This stopped in the 1950s but, for all those years, staff could clearly describe their patients."

Mr Donnelly wants to ensure that these records are preserved under proper archival conditions.

"Fr O'Duill and his colleagues have done trojan work in collecting the material over the years. We would like to see procedures in place to protect the confidentiality of the records, but also to ensure the older records are available for legitimate, historical research," he says.

GIVING AN INSIGHT

Eating disorders are serious mental health conditions that affect people of all ages, but recovery is possible and there is a lot of support available

EATING disorders are ways of coping with emotional distress, of managing feelings and achieving some degree of control.

The behaviours involved in anorexia nervosa, bulimia nervosa and binge eating disorders can differ substantially, although the underlying psychological symptoms are often very similar.

"Though the physical effects of an eating disorder can be significant, it is important to remember that recovery is possible," says Jacinta Hastings, CEO of Bodywhys, the eating disorders association.

"Key to that recovery is early intervention, and the ability to access supports, both for the person experiencing an eating disorder and for their family and friends," she says.

An eating disorder may be experienced very differently by each individual, so establishing what works

is crucial. This may mean working with a family doctor, attending counselling or some form of inpatient treatment. Exploring the options available is an important first step.

The impact of an eating disorder on personal relationships can be significant.

"A support network is crucial. For many the integration of family therapy into the treatment process can be very effective," Hastings explains.

Outpatient programme

An outpatient programme provided by community mental health clinicians in Carlow and Kilkenny is helping to treat adults with eating disorders.

The Community Integrated Eating Disorder Programme (CIEDP) consists of a number of strands, namely systemic family therapy, psychology, psychiatry, a family support and education meeting and GP medical reviews.

A psychologist works with the individual in a partnership approach to understand how the eating disorder has developed and how it is currently being maintained. Together, they develop strategies to address the thinking, behaviours and feelings connected with the eating disorder.



'The availability of a support network is crucial, and for many the integration of family therapy into the treatment process can be very effective'

Bodywhys provides a LoCall helpline service, along with support groups, online services and a substantial library of information. Support groups for family members and carers are also available. LoCall the Bodywhys helpline at 1890 200 444, email alex@bodywhys.ie or go to www.bodywhys.ie.

The CIEDP is based on the principles of transparency, partnership, and informed consent, and all parties are active participants in designing, implementing and reviewing the agreed treatment plan.

For further information on the CIEDP or information about referral pathways, call St Dymphna's Hospital on 059 9136301 or St Canice's Hospital on 056 7784406.



Leisure with a difference

Eoghan Luhan describes the role of leisure activities in helping people deal with mental illness in one particular Donegal group

A LEISURE activity group in Letterkenny, Co Donegal is bringing people with mental health issues together to get active.

Every Tuesday, the group meets up to partake in a range of activities, including badminton, table tennis, 10-pin bowling, pool, walking or cookery.

Occupational therapists Srinath Deenadayalan and Princes Adao facilitate the group, along with social worker Caroline Stead.

As Ms Stead explains: "The group provides opportunities for people to tackle the adverse impact of mental health challenges in a socially supportive context."

What makes the group innovative, as Mr Deenadayalan sees it, is that its approach is shaped by its participants.

"They make the choices regarding the leisure activities and who then takes control and responsibility for those choices," he says.

Participants themselves describe the group as fun, entertaining, pleasurable and educational.

The success of the group lies in the close friendships that exist among its participants and in the enjoyment and well-being derived from sharing in diverse leisure activities.

As for the future, Ms Stead says: "We would like to make it more accessible for others such as mothers with small children. We'd also like to extend the group to other parts of Donegal."

Contact Srinath Deenadayalan at 074 9104438 for further information.



Pieta House

Centre for the Prevention of Self-harm or Suicide

FREE COUNSELLING SERVICE
*for those who are in suicidal crisis
or for those who self-harm*

Tel: 01 601 0000
www.pieta.ie Email: mary@pieta.ie

Pieta House is a charitable organisation which was founded in 2006, 85% of its funding comes from donations and fundraising events. This advertisement has been sponsored by the generosity of our fundraisers.

PUTTING CHILDREN FIRST

A variety of mental health initiatives are addressing the needs of children



It is believed that the foundations of mental health are laid in the first three years of a child's life, and early development can play a huge role in the issues they face later in life.

Infant Mental Health (IMH) is a field dedicated to understanding and treating children aged zero to three. IMH training has long been recognised as a necessary component of developing skills and expertise in remediating mental health problems during infancy and toddlerhood.

Over the past four years, the North Cork Child, Adolescent and Family Psychology Service has observed a growing number of referrals for infants and toddlers with social and emotional difficulties.

To address these needs, community-based clinical psychologists and IMH specialists, Rochelle Matacz and Catherine Maguire, have developed an interdisciplinary inservice training model. The training has been in progress since 2004 and includes professionals representing 10 disciplines.

This model is the first interdisciplinary framework for IMH training within the Republic of Ireland. It bridges the gap between theory and practice and facilitates the integration of this knowledge into clinical practice, particularly with children under the age of three," says Ms Maguire.

Ms Matacz adds: "Today, it provides the beginnings of a pathway for infant mental

health training at primary, secondary and tertiary levels."

In Wexford, three psychologists have also introduced the service. Susan Keating, Rosarii O'Donnell and Paula Koechlin believe early intervention can have a significant impact on the prevention of child, adolescent and adult mental health difficulties.

"This service promotes the development of healthy attachments between infants and their caregivers, with the aim of breaking negative family patterns and providing the foundation stone for the development of positive mental health," says Ms O'Donnell.

As part of the infant mental health practice, the psychologists are offering families concrete assistance, emotional support, developmental guidance, early relationship assessment/support, advocacy and infant-parent psychotherapy, depending on the needs of the infant and his/her family.

Zippy's Friends

In counties Donegal, Sligo, Leitrim and Galway, a new positive mental health promotion programme is being piloted in 40 primary schools. The 26-week programme, Zippy's Friends, is for six- and seven-year-old children and was developed by Partnership For Children, UK.

Zippy's Friends is based on the principle of teaching young children how to deal with difficulties, so they learn the skills to cope with problems that may occur in

adolescence and adulthood.

Zippy's Friends has been implemented in countries as diverse as India, Lithuania, Denmark, USA and the UK.

This is the first dedicated mental health promotion programme targeting this age group in primary schools in Ireland, and it is being extensively evaluated by the Health Promotion Research Centre, National University of Ireland, Galway.

The randomised controlled study, which involves some 800 children, is being led by the director of the centre, Professor Margaret Barry.

She says: "This is one of the most extensive evaluations to date of the Zippy's Friends programme. The scope and scale of the evaluation will enable us to make clear statements regarding the effectiveness of the programme for Irish school children."

Feedback from principals and teachers has been very positive. Moira Gallagher, principal, St Patrick's National School, Murlog, Co Donegal, says: "Zippy's Friends is a fantastic programme and both children and teachers look forward to the weekly session. We have seen great progress with the children in terms of their communication and conflict resolution skills."

It is hoped to extend the Zippy's Friends programme to primary schools throughout the country, based on the outcome of the evaluation, which will be completed in 2009.

NEW UNIT FOR GALWAY



Minister John Moloney plants a tree at the new unit in Galway

CONSTRUCTION has commenced on the new 20-bed child and adolescent mental health service unit in Galway. The new unit, which is expected to be completed by the end of the year, will replace St Anne's Child and Adolescent In-patient Centre on Taylor's Hill, Galway.

The unit will provide an extended range of services for children up to the age of 18, along with a wide range of therapeutic interventions. In addition, the local community-based teams will be extended. Additional staff members have been recruited, including a full-time specialist consultant psychiatrist, a dietitian, mental health nurses and a psychologist to support the services.

The development of the new unit was identified as a priority in the 2008 implementation plan for the National Mental Health Strategy, 'A Vision for Change'.

Costing €7.5m, the construction will include a children's inpatient unit, an adolescent inpatient unit and overnight accommodation for parents. The therapy space will feature a sensory room, play and arts therapy areas, a woodwork room, a games room and a sports/indoor activity hall.

'Taking a lifespan approach to mental health necessitates early intervention from birth onwards'



Think positive

Cognitive behavioural therapy is helping many people cope with anxiety and depression by encouraging them to change their way of thinking

WHEN anxiety and depression become a problem, and day-to-day living becomes difficult, lack of enjoyment and an inability to cope can result. Early intervention is vital.

Over the past number of years, as the demand for psychological therapies has increased in HSE Sligo/Leitrim Mental Health Service, the response has been to develop an effective user-friendly model of delivery of cognitive behavioural therapy (CBT). This is in line with 'A Vision for Change' and the Primary Care Strategy recommendations.

CBT is a problem-focused, evidenced-based psychotherapy type that aims to help people recognise where they have become trapped in ways of thinking and patterns of behaviour that may at one time have been necessary or seemed sensible, but are no longer required or appropriate. In fact, they may be making life more difficult to cope with.

CBT shows people how to identify, challenge and modify negative, or anxiety,

provoking beliefs and behaviours.

CBT is recommended by the National Institute of Clinical Excellence Guidelines (UK) as the treatment of choice for a large percentage of anxiety and mood-related mental health conditions, ie phobias, panic attacks, post-traumatic stress reactions, obsessive compulsive disorders, depression, eating disorders and sexual dysfunctions.

Particular therapeutic techniques vary within the different approaches of CBT, depending on the issues raised by the individual. Some may keep a diary of significant events and associated feelings. They may also question and test cognitions and beliefs that may be unhelpful or unrealistic. Gradually, they will face activities that they have been avoiding and try out new ways of behaving and reacting in these situations.

However, CBT is generally not an overnight process. Even after those undergoing the therapy have learned to recognise when their



The Sligo/Leitrim CBT Team

thinking style is unhelpful, it can take months of effort to replace a dysfunctional cognitive or behavioural process or habit. Notwithstanding, the American Psychiatric Association practice guidelines have indicated that, among psychotherapeutic approaches, CBT is the best for treatment of major depressive disorder and anxiety.

The CBT service in Sligo currently receives about 500 referrals each year. To meet local and national demand, Sligo/Leitrim Mental Health Service, in conjunction with St Angela's College (National University of Ireland, Galway), has, to date, trained two cohorts of CBT

therapists to postgraduate diploma level.

The service also provides a unique, direct GP access model to a nurse-led mental health service, which has become a favourite for the people of the area.

Dr Marian Mc Hugh, secretary Co Sligo General Practitioners' Society, says: "We value the service provided by the CBT team. We would consider it essential, and we need to have access to that service for the many patients who warrant referral and who benefit hugely from CBT."

Myra Doherty is the cognitive behavioural nurse therapist in Sligo. Tel: 071 144835

'CBT is the best for treatment of major depressive disorder and anxiety'



Partnering for progress

The leadership and partnership programme at the School of Nursing in DCU is receiving very positive feedback from participants

THE HSE Mental Health Services has joined forces with the National Service User Executive, Irish Advocacy Network, and the School of Nursing, Dublin City University to improve how services can be shaped and delivered in a truly collaborative way that reflects the core values of 'A Vision for Change'.

The co-operative learning leadership programme in DCU has been very successful in achieving this. The course has been developed through the ongoing partnership and in association with the International Initiative for Mental Health Leadership.

Simply, the purpose of the course is threefold — to bring service users, carers/family members and service providers together in a joint learning environment; for participants to understand the nature and practice of a co-operative approach to leading change in health care organisations; and for teams (service user, service provider and carer) to instigate and lead a service improvement in their local mental health service.

"The course, in terms of make-up, participation, format and delivery, deviates from what might be seen as traditional approaches to practising education in mental health services,"

says Liam Mac Gabhann, School of Nursing, DCU.

"It has helped break new ground in mental health services development: in how services can be visibly improved on behalf of all stakeholders; in how people involved in mental health services embrace education and development; and in how education itself has been made more accessible and 'real' to people from all walks of life."

An example of the course in action is the valiant and innovative questionnaire that is currently being rolled out by the West Cork Co-Operative Leadership Group, and given to everyone who uses, works in or is involved with the service.

Cathy Buttimer, Joe Keane and Dr Iseult Twamley completed the course. The three West Cork participants were challenged by the course to overcome their differences and learn to work together.

Dr Twamley says: "This initiative is incredibly exciting ... it is opening the door to real cultural change within the mental health service, empowering service users and carers to work alongside service providers as active negotiators for change ... and challenging service providers such as myself to learn to listen."



EMPOWERING CHANGE TOGETHER

The Central Mental Hospital is working with voluntary groups and service users to develop a recovery-oriented service

THERE has long been a misconception that admission to the Central Mental Hospital (CMH) is a lifetime one. However, with the help of a number of voluntary groups, the CMH is tackling this impression, and a focus is now being placed on developing a recovery-oriented service.

Established four years ago, the Carers' Group is a voluntary group of relatives and carers of patients in the CMH. Since its formation, it has highlighted a number of issues and continues to have a presence at the hospital.

Frances Stewart, CMH peer advocate, CMH Carers' Group, says the main issues highlighted by carers back in 2003 were the difficulties in accessing information on mental illness, treatment, legislation and the service delivery. A six-week education programme was developed for carers and continues to run twice annually for new carers.

Although initially established as a peer support group, the members have made a major contribution to the development of the service at the CMH and have also been involved in national initiatives to reduce stigma.

"We actively challenge issues in relation to care, treatment and policy development and have contributed to several media discussions regarding mental health services," says Ms Stewart.

"Relatives and friends of patients have described the development of the carers' group as a positive outcome, changing from a feeling of bewilderment and isolation to a place of tangible respect, confidence and having a sense of value restored to the carer. It makes our work worthwhile," she explains.

Peer advocacy services

The Irish Advocacy Network, meanwhile, has been providing peer advocacy services in residential and acute settings since 2001,

and within the CMH since 2005.

Working with the social-work team, a series of formal presentations have been delivered to all staff at the hospital. Advocates have also visited the different units, introducing themselves to individual residents and answering any questions that are raised. Small groups of residents have been invited

'We actively challenge issues in relation to care, treatment and policy development and have contributed to media discussions regarding mental health services'

to informal presentations and discussions.

John Redican, executive director, National Service Users Executive, says: "The service has evolved steadily since its introduction, but always on the basic premise that it is in accordance with the wishes of the individuals using it.

"It is not a representational model; it is more about helping people express their own needs, opinions and choices and supporting them in achieving the outcomes they most desire."

In addition to providing peer advocacy, a residents' forum has also been established. External speakers have been invited to speak to service users, including the CEO of the Mental Health Review Board and a senior manager from the HSE. Role plays of mental health review boards and feedback to service users from user satisfaction research have also been provided.

Mental health organisation GROW has also played its part in developing a recovery-oriented service at CMH. Since 2003, it has held a weekly group there, supporting people in personal development and in their individual recovery from mental illness. The group is supported by staff from the hospital and a worker from GROW.

Pauline Gill, head of social work, CMH, says these are just some of the positive outcomes that can be achieved through joint ventures, characterised more by evolution rather than revolution.

"They are examples of the benefits that can accrue from a partnership between different sets of experts, experts by profession and experts through experience, all working in a partnership that promotes recovery," she says.

Joined-up services for prisoners with psychotic illnesses

Dr Conor O'Neill and Mary Fitzpatrick discuss the move towards 'joined-up' services when treating prisoners with mental illness

AS the number of prisoners has increased, so too has the number of people with severe mental illness in our prisons. Conditions such as schizophrenia and acquired brain injury are far more common among prisoners than the community. Some 7.6 percent of men on remand in prison (charged but not convicted) in Ireland suffer from psychotic illnesses, 10 times the community rate.

This could be interpreted as supporting the media image of the mentally ill as dangerous and violent. In fact, most such people are charged with very minor offences, usually offences against public order while unwell.

A Psychiatric Prison Inreach and Court Liaison Service has been developed by the Central Mental Hospital at Ireland's main remand prison, Cloverhill, which takes approximately 75 percent of remands nationally.

Nursing and medical staff screen all new remands (over 4,000 annually) for severe mental illness, and accept referrals from courts, prison staff and other stakeholders. The team contacts the person's family, general practitioner and psychiatric services as well as other agencies such as homeless services. The aim is to 'join up' services, so the person can access the treatment they need on release.

A detailed report is prepared for the court describing the treatment a person would receive in custody and a treatment plan is arranged in the event of a non-custodial disposal.

The service is a new development over the past two years; one of the ways in which the HSE is implementing the recommendations made in 'A Vision for Change'.

Dr Conor O'Neill is a consultant forensic psychiatrist. Mary Fitzpatrick is a community forensic mental health nurse, specialising in prison in-reach services.

The power of language to self-heal

General practitioners around the country are turning to the power of literature to support people with mental health issues

SELF-help books have been used for therapeutic purposes — bibliotherapy — for many years, but now they are being prescribed by GPs as a means of providing psychological therapy.

Last month, the Library Council of Ireland, the HSE and the Irish College of General Practitioners introduced a “Book on Prescription” scheme. The aim of the scheme is to support and aid people with emotional and psychological difficulties to gain insight into, and treat, the problems that are upsetting or disturbing them. It also gives GPs, mental health professionals and service users choice in the treatment approach to some mild and moderate mental health difficulties.

The effectiveness of bibliotherapy has been well established in clinical trials, and has been recommended by the National Institute for Clinical Excellence (NICE) UK as a useful start in treating mild and moderate depression, anxiety and panic and some other mental health problems.

In March 2007, the North Inner City Partnership in Primary Care (Dublin), in collaboration with Dublin City Public Libraries, piloted the first book-prescription scheme in Ireland, led by the first author, Elaine Martin, HSE senior psychologist.

The scheme provides GPs and other professionals with a list of high-quality self-help books. Practitioners may in turn bring these books to the attention of the clients who are likely to benefit from their use. The books are stocked by local libraries and good bookshops and are therefore readily accessible.

The appetite for a self-help approach seems to be great, with over 2,500 books issued from Dublin’s six inner city libraries in the first year of the scheme.

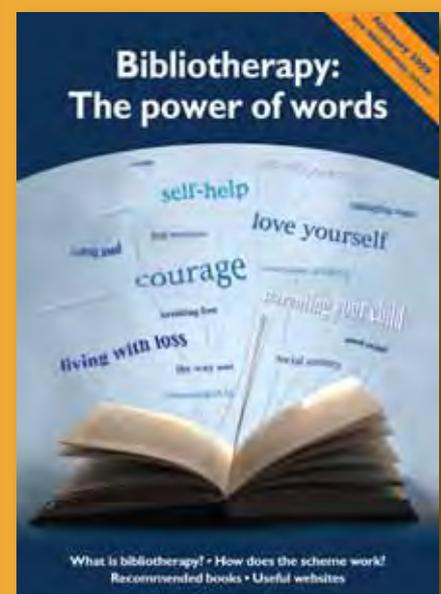
Many thousands of self-help books exist, and while the best of these are highly effective, others are not so useful. In preparation for this and other book-prescription schemes a list of high-quality

self-help books has been compiled, based on recommendations of psychologists, counsellors and psycho-therapists working in Ireland.

Most of the books included in the scheme are written by leading psychologists, and many present self-help versions of established treatment programmes. This list will now be available to all GPs. Libraries will also have some audio CDs on a selection of the self-help subjects. Library staff can help and support users of this scheme, having undertaken extra training to support this initiative.

Book-based therapy will not be suitable for everyone, but it is certainly appropriate for a proportion of those who consult their GP or other healthcare professionals with a psychological problem.

The emphasis is on the individual’s active involvement and empowerment in recovery instead of, or in conjunction with, medication to deal with the problem.



‘A list of high-quality self-help books has been compiled, based on recommendations of psychologists, counsellors and psychotherapists working in Ireland’



Ann-Marie McCarthy, occupational therapist, and Clare Dempsey, acting clinical nurse manager 2

HEALING THROUGH ART

As an increasing body of evidence points to the links between art and the healing process, many people are finding it helps them deal with mental health issues

SERVICE users, carers and providers from the West Cork Mental Health Services are using the title theme, ‘The road to recovery’, to express — in a visual means — their interpretation of the road to recovery.

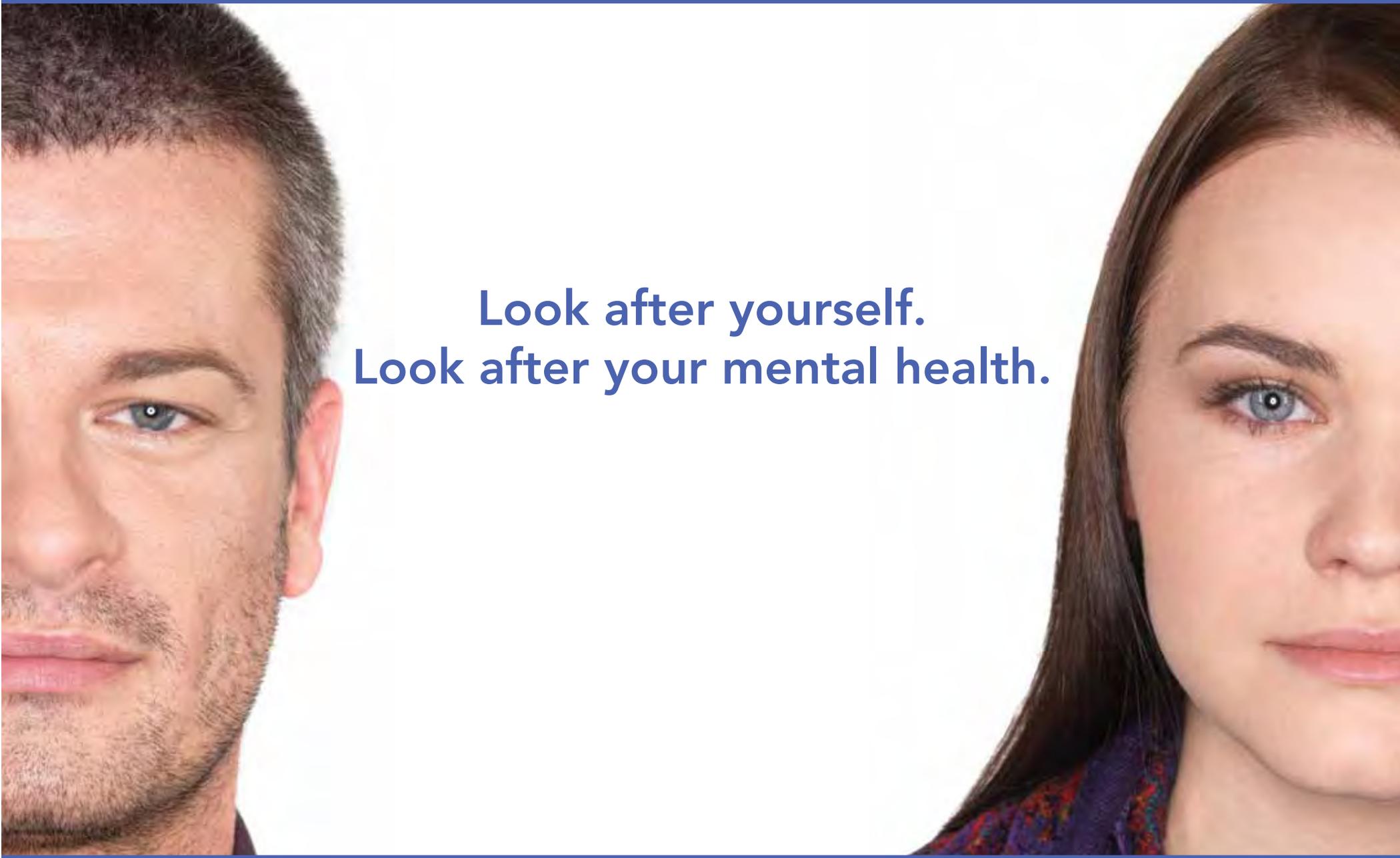
Each of us has our own blocks, our own barriers that stop us, to varying degrees, from being clear, creating thoughts that cloud our vision, inducing self-doubt or a lack of self-worth. So, instead of letting those thoughts get on top of us, controlling our way of being and becoming impossible hurdles to climb over, eight pieces of artwork will become a way of seeing those difficulties turned into a process by which

the artists contain and see their troubles. The problems become stepping stones, each step an opportunity to communicate a solution to a problem.

The eight works will be placed up the stairwell and along the corridor of the newly refurbished Acute Psychiatric Unit. The final piece will be placed in the new garden. There were individual workshops for each piece — the first being a ceramic piece. This artwork was completed by Andrew Williams, the service’s external facilitator volunteer, and some of the service users. All other pieces will encompass both service users and staff in a joint venture.



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

A close-up photograph of a man's face on the left and a woman's face on the right, both looking directly at the camera with neutral expressions. The man has short brown hair and a light beard. The woman has long dark hair and blue eyes.

**Look after yourself.
Look after your mental health.**

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