

An old man's rant

Not knowledgeable about the history of the Louth area, nor the development or delivery of its mental health services

What has informed my presentation?

1. Personal experience – upbringing (family dynamics, troubles), 14 years of service use etc, still live with MH probs. Never had a problem with services, but know others
2. Conversing and advocating with others (within and without services). History of IAN. Paddy travelling around the country as an inspirational journey.

Not going to talk about what services are required, or how they should respond to the **'perceived public need'** (have we really got to the point where we really know what's required) but a holism that might help us look beyond the current paradigm. Our (in particular psychiatric services) has an approach that is the equivalent of using a microscope to study the expanse of the universe. Studying a microcosm may tell us something about the intricacies of some of the parts, but the interactions and relational impact of various satellites will be missed. In mental health terms, we need to look beyond biology (and even the individual), trying to build an understanding of the social and cultural environment, the large-scale impact of politics, industry and economics on health and wellbeing.

Modernisation, Progress and the hidden -

Demands from industry and a desire for rationality during the Enlightenment created a situation where the 'unreasonable' and those who appeared not to be contributing to the main thrust of progress could be conveniently locked away. An added dimension (anecdotally, in Ireland?) was the secrets that we wanted to conceal, family, trauma (NI and family) etc. I would argue, borrowing a term from psychoanalysis, that services have become the Super Ego serving and protecting the social conscience. It is convenient that we rationalise divisions among humans; in particular when we need to detach ourselves from any reminder of our own potential for misfortune, the fragilities and frailties we have all inherited. We act accordingly. Unfortunately, we have developed a society, a culture, driven by an increasing requirement to meet the needs of consumerism - to increase the likelihood that we enter into competition between ourselves. Even human rights can be used to divide; where we match people's rights against others, where dialogue and reconciliation is rarely offered or facilitated. Alienation persists, potentially the greatest 'hurt'. Question: **'Do you feel connected, that there is some commonality between my world and yours?'** The above has created an unhealthy power dimension.

‘Social power may be defined as the means of obtaining security or advantage, and it will be exercised within any given society in a variety of forms: coercive (force), economic (money power) and ideological (the control of meaning). Power is the dynamic which keeps the social world in motion. It may be used for good or for ill.’

In ‘modern’ times, the individual has been shaped by corporate-led technologies. We have become atomised and individualised. Narcissism has become the norm, seeking affirmation, encouraged to compare our circumstances, looks and status. **‘Why can we not just be?’** Adam Curtis in an interview: **‘A remarkable act would be that someone would decide to travel to Gambia providing aid and support to deprived communities, return home and say nothing’.**

Recovery

Three dimensions:

1. Meaning (how we make sense of our experiences)
2. Purpose (feeling that we can contribute/have something to offer?)
3. Belonging (feeling that I belong somewhere, feel accepted and valued)

Is recovery in danger of becoming part of the Narcissistic enterprise? It is about me, my journey, my experience, personal effort, creating a closed social vacuum.

Moving beyond the current paradigm

For those who even dare to dream a pessimism/a powerlessness can pervade - that little can change. To question psychiatry is to be framed reckless, uncaring and/or ignorant (eg; radio interviews). The following requires further investigation and exploration:

- **Diversity and Holism**

Where does pain and suffering (distress?) reside? Mind, body, soul? Is pain and suffering (distress?) psychological, spiritual, material? When we experience physical pain we are asked where does it hurt in order to detect source/causation. Can the same model of detecting pain and suffering be applied to mental health?

Consider the **proximal and distal influences** on behaviour, the dominant forces, authoritative voices and ideologies that control the meaning of our existence and ability to come to terms with our ‘shared’ distress. Regards our culture and spirituality, we need to ask: ***is anything sacred; should***

anything be sacred?’ An agreed sacredness enables connection between everyone, reducing alienation and isolation.

Address the issue of **Identity threat**; the impact on the individual and public image of mental health services. The real sense of alienation created by services needs to be acknowledged.

Rights. We should remind ourselves of the responsibility we have toward each other

Summary conclusion:

Services should be encouraged to looking in an outward direction and less inward, in order to respond and understand mental health holistically - taking into consideration environment (social and ecological), politics, culture, economics and their impact on the sense of health and wellbeing.

Vision for Change 3.3 recommends: *‘Innovative methods of involving service users and carers should be developed by local services, including the mainstream funding and integration of services organised and run by service users and carers of service users.’*

We should use this commitment to argue for more, independent, user-led initiatives.

I would argue for large scale engagement with communities; greater emphasis on a systemic approach to service design and delivery, exploring the potential for peer involvement in the delivery of services.

“Revolutions begin when people who are defined as problems achieve the power to redefine the problem”