Psychology in the Real World community project…

'This is Madness' was the name chosen for the latest *Psychology in the Real World* course. If I was to describe it like a recipe I might say it was one part educational course, one part community project, one part service user involvement group and one part debating forum.

Between October 2009 and March 2010 a group of people attended fortnightly sessions at The Lantern in Shrewsbury – a community centre and library. All participants had responded to flyers placed around town. Participants were a mix of people who received mental health services (either currently or in the past) and people who worked in services of some kind. Some people described themselves as having both provided and received services whilst one person described themselves as attending as a member of the public that had a commitment to bringing about change in systems they felt were inequitable. The group was planned and facilitated by Phil Jenkinson, Guy Holmes and myself – a threesome that mirrored this mix.

The beginning…

We began with the aim of creating a forum where people could openly debate a number of mental health related topics (see www.shropsych.org for a copy of the original flyer). We hoped that people would have ideas for projects to bring about changes in local services and the wider community and could use the group as a way of meeting other people who could help them. We had an idea that by getting together we could challenge stigma and engage service users and professionals in debate and action away from the confines of their everyday roles.

What happened?

At the first meeting we asked all attendees what topics they would like to focus on and devised a programme. Topics included: *stigma; psychiatric diagnosis and medication; toxic mental environments; service user involvement;* and *prejudice*. Some group members chose to lead sessions and present material. The group invited other people to come in (such as Dr Anil Kumar, consultant psychiatrist) to ensure the debate was as rich and well-informed as possible.

Each session was a mixture of academic presentation and passionate debate about how we might address specific issues e.g. *How might we address stigma and reduce prejudice and discrimination? How can service users shape the services they receive? How can we help mental health services and the wider community to improve people's well-being and have less damaging effects on people?*

Opinions about mental health services were varied and complex. There was praise based on personal experience but also some thoughtful criticism.

Some people felt that services gave them a bit of TLC that they needed at difficult points in their life, whilst others questioned the validity of diagnoses and medical views of mental health. Some people felt that we should be addressing aspects of society that are damaging to us all e.g. *How can schools and neighbourhoods be less damaging to people's mental health? How might we limit the power of rich companies to influence how people think of themselves and their problems*? *How can we increase awareness of how it suits pharmaceutical companies and people providing individual therapies to have a society where people see themselves as individually defective and in need of an individual quick-fix?*

In terms of stigma, some saw psychiatric diagnoses as part of the problem whilst others saw this as a legitimate means of accessing help. We looked at the pros and cons of various things (e.g. diagnosis, medication) from the points of view of patients, family members, staff, the state and wider society. The group developed rich analyses of social and environmental factors relating to mental health which can often go ignored in clinical consultations.

Outcomes

Only a few people dropped out before the end of the course and feedback was very positive. Most people really enjoyed the experience. Some felt their perspectives on distress had changed as a result of the course. Several follow-on projects had begun to come together. Some members of the group engaged in providing joint training on themes relating to *This is Madness,* speaking at conferences and training courses from the perspectives of providing and receiving services. A psychologist and person receiving psychiatric services started to set up a *Thinking about Medication Group* in Telford. Some members formulated plans about how best to address stigma and prejudice – personally, in services and the wider community (e.g. How to provide a service that does not label and stigmatize people). Other people made plans to take ideas forward in their careers, work practice and in training others. Nobody felt this was going to be easy. It was recognised that many bureaucratic systems relating to performance management and fulfilling Trust contractual obligations make non-stigmatising projects difficult (e.g. providing services that people opt into rather than have to be referred to, and that do not diagnose or record them as mentally ill). But as one member put it: *I feel more able to challenge the voice in my head that says 'there is nothing we can do'.*

Ian Yates, Trainee Clinical Psychologist, March 2010