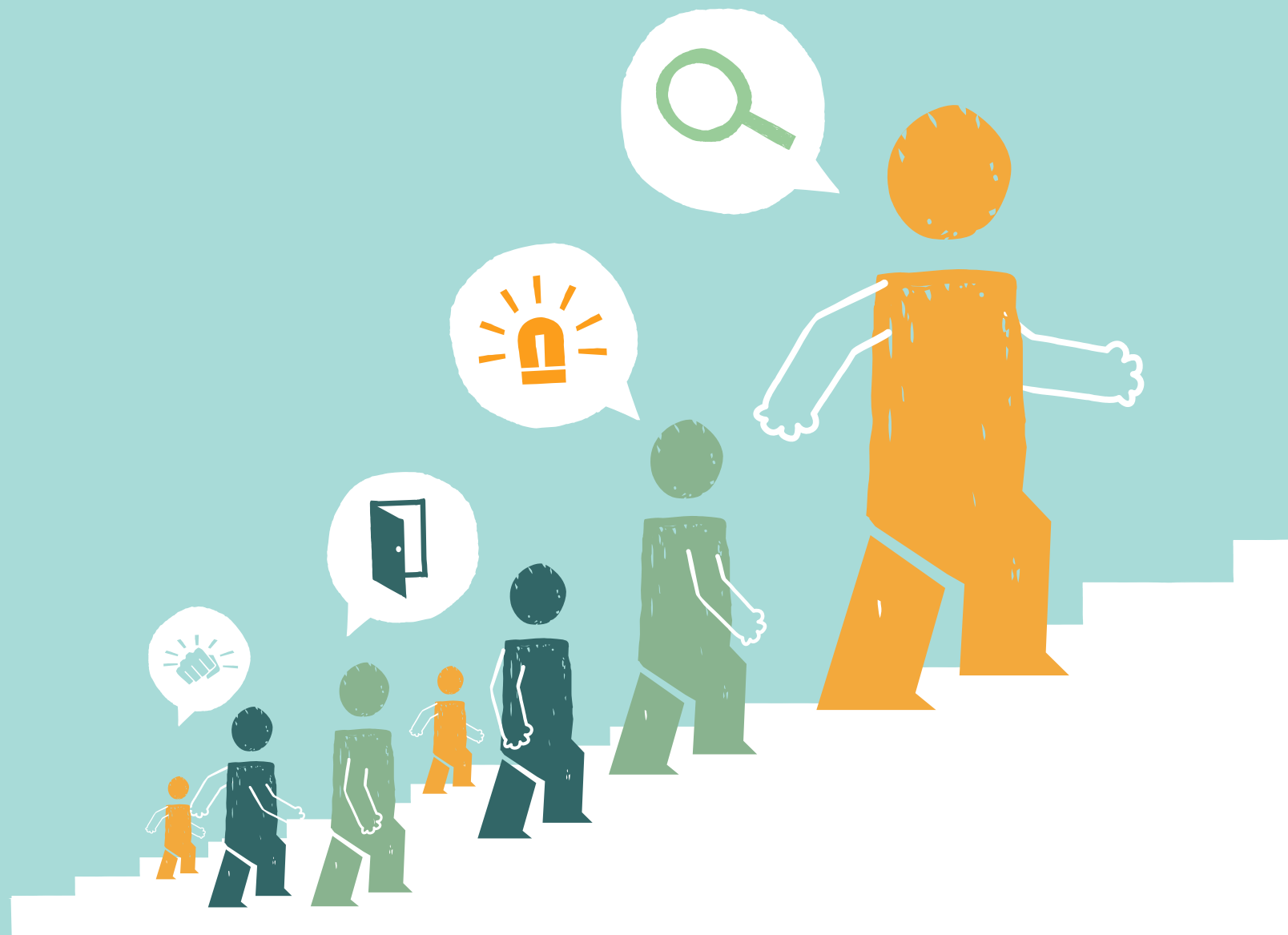







LEADERS IN LIVED EXPERIENCE

National Mental Health Conference



-  **Thursday, 29th February**
-  **9.30am-2.30pm**
-  **LinkedIn Ireland, Wilton Pl, D2**



Leaders in Lived Experience

Conference Report

Overview

The *Leaders in Lived Experience Conference*, co-produced by Mental Health Reform's Grassroots forum, took place in LinkedIn One, Wilton Park, Wilton Place, Dublin 2. The event focused on grassroots leadership, uniting leaders with lived experience of mental health difficulties who have been pivotal in shaping and reforming the mental health system from the ground up. This conference report aims to capture some of the key themes that arose throughout the conference from keynote speakers, panel discussions, and thematic workshops.

Keynote address

Tammy Donaghy, Mental Health Advocate

Tammy's keynote address took us through her childhood and the impact that incarceration and mental health difficulties within her family had on her own mental health. She highlighted how one school therapist, who was able to relate to and understand her struggles, played a pivotal role in her recovery. Tammy spoke of how this relationship supported her on her journey and involvement in education and criminal justice, as well as working with organisations such as Spunout and Jigsaw.

Panel 1: Reimagining Youth Mental Health

Moderator: Fiona Coyle, CEO Mental Health Reform

Daragh Fleming, Author and Mental Health Campaigner

Hannah Ní Ghiolla Mhairtín, Founder, Families for Reform of CAMHS

Rory Sloan, Mental Health Advocate

This panel addressed the current challenges and opportunities within the youth mental health sector. Challenges that were discussed included a lack of awareness, education, investment, and recovery-focused approaches in youth mental health. Panellists stressed the importance of normalising conversations about mental health, recognising that anyone can experience mental health difficulties, and meeting people where they are at.

Basic mental health education programmes to raise awareness and equip youth with tools for coping with mental health difficulties were highlighted as a key opportunity for early intervention and prevention. Panellists emphasised the need for joined-up thinking as well as a child-centred and recovery-focused approach to youth mental health. Calls were also made for increased funding, investment, staffing (including administrative staff), and oversight to ensure effective Child and Adolescent Mental Health Services (CAMHS).

In Conversation

Niall Breslin, Academic and Author

Ciara Glynn, Peer Support Worker, HSE Mental Health

Niall and Ciara opened their conversation with reflections on Ireland's history of institutionalisation - which Niall highlighted by telling the audience: "these people didn't fail society, society failed them." They went on to discuss ongoing shame and stigma surrounding mental health, and how coercion continues to be an issue in mental health services. Both agreed that the Mental Health Act needs to be updated and reformed.

Niall and Ciara discussed the importance of supporting each individual to use their preferred language to describe their own experiences, noting that preferences may also change throughout their journey. The two also highlighted the need for a holistic approach to mental health, that includes policy reform, housing, and education. Whilst recognising the value and role that medication can have for mental health care, they agreed there is an urgent need to move toward non-medical, early intervention strategies.

Panel 2: Leading change through lived experience

Moderator: Jennifer Hough, Human Rights and Social Justice Advocate

John Coonan, Grassroots Forum Member

Sharon Lane, Chairperson, Reference Group of the National Implementation and Monitoring Committee for Sharing the Vision

Catherine Brogan, President, Mental Health Europe

Panellists spoke about the importance of including individuals with lived experience in decision-making processes. They emphasised the need to move beyond tokenistic participation and toward meaningful engagement and collaboration, for example by having persons with lived experience on the boards of organisations.

Panellists felt that considerations and supports for mental health should be integrated into all sectors and initiatives. In terms of short-term solutions, the panel agreed that increased knowledge-sharing and investment in the existing community and voluntary sector services, including those in rural areas, would increase accessibility of services and have a positive impact.

Closing remarks, Michael Ryan, *Head of Mental Health Engagement and Recovery, HSE Mental Health Operations*

Workshops

Workshop participants worked together in small groups to discuss key challenges and potential solutions within the mental health sector. Two groups focused on the theme of *Reimagining Youth Mental Health*, and two groups focused on the theme of *Leaders in Lived Experience*.

Key challenges that *Reimagining Youth Mental Health* workshop participants highlighted included the lack of early intervention and prevention services, long waiting lists, ageing out of CAMHS, inconsistent support, and not listening to those with lived experiences. Participants also noted challenges relating to the fragmentation of services for persons with multiple diagnoses (e.g. separation of mental health and addiction, autism, etc.) and a lack of joined-up thinking. A number of solutions were discussed, including:

1. **Prevention:** Implement prevention and early intervention services, particularly in schools.
2. **Training:** Increase GP training on available mental health services and signposting to additional supports, particularly for those on waiting lists.
3. **Service Optimisation:** Upscale voluntary and community sector services, support integration and joined-up thinking among existing services, and ensure sufficient funding and staff recruitment and retention.
4. **Service development:** Work toward developing youth services that provide care to young people up to age 25 to prevent drop-off at age 18.
5. **UNCRPD:** Ratify the Optional Protocol
6. **Listen:** Ensure a person-centred approach by listening to patients and those with lived experience.

Leaders in Lived Experience workshop participants discussed challenges related to stigma, overreliance on the medical model, and under-resourcing of services. Participants also spoke about the need to tailor services to each individuals' specific needs. Several solutions were identified, including:

1. **Information and access:** Map existing services and ensure information on availability is easily accessible to the public, and increase access points to services.
2. **Stigma:** Reduce stigma of mental health and addiction.
3. **Collaboration:** Support collaboration across services and with voluntary and community sector services.
4. **Funding and resourcing:** Provide sufficient resources to existing mental health services to ensure adequate support.
5. **Supporting individual choice:** Move toward a system that supports individuals' choice of care and caregivers.
6. **Training:** Promote recovery colleges, and training for GPs via Continuous Professional Development. Longer-term, ensure medical training prioritises trauma-informed, person-centred care and recovery, moving away from the heavy focus on the medical model.
7. **Listen:** Include and centre the voices of experts by lived experience.

MHR would like to extend our gratitude to all of the speakers, panellists, and attendees for who made the *Leaders in Lived Experience Conference* a resounding success. We look forward to continued collaboration toward our vision of an Ireland with accessible, effective, and inclusive mental health services and support.

Helpful Resources:

[Mental Health Europe – Toolkit: Co-Creating in Mental Health](#)

[Mental Health Act - Reasons for Reform](#)

[Talk to Your TD – Let's Get Mental Health on the Political Agenda](#)

[UNCRPD Video Resource](#)