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## ABSTRACTS FOR WORKSHOPS

O. Dialogue in mental health and psychiatry

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### **Positive Mental Health and First Aid as a Civil Skill - Education in Mental Health**

The goal of the concept of the Mental Health First Aid is to promote citizens' skills in mental health. Participants in the training will enhance their knowledge, their resources and their coping abilities. The participant will get practice in discussing mental health issues with others, and will be encouraged to raise mental health issues and to help. In addition, the participants will become equipped to assess whether their own resources will suffice, or if professional help is needed.

It should be obvious that the promotion of health is cheaper for, and fewer resources are consumed by, individuals, families, work communities and society, than to treat and care for illness, and to dismantle piled-up problems. The responsibility for health promotion lies with citizens themselves, as some problems can be avoided by one's own actions, with the help of close ones, and through the choices one makes. To support these action and choices, one needs reliable information, and trustworthy companions for reflection and discussion. One needs the skills to discuss mental health issues, gently and openly, and one needs civil training delving deeply into mental health issues. Bringing about health awareness and a change in attitudes may be difficult, so it is necessary to use new methods and to strengthen the grasp of participants in training.

Mental Health First Aid (MHFA) Courses 1 and 2 enhance the skills that fall under general knowledge. Every one of us needs these skills, because a major part of mental health work is carried out in daily life at home, at work and at school. MHFA courses offer an opportunity to enhance one's abilities, and to reduce negative attitudes with regard to mental health issues. Unnecessary fears and sensitivity can gradually be changed to a positive consideration of mental health issues, making them daily issues, taking care of one's self and supporting close ones.

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## **Emotions, thought and body in dialogue**

Feelings, bodily reactions, thoughts, images and impulses form layers of personal experiences. These are the components in all kind of living interaction and build a ground for individual and social resources. Studies in developmental psychology show how capacities and options for mentalization have a base in early interaction, by something that could be called tuning in. In psychotherapeutic work and counseling we see a kind of body-mind architecture in how people have possibilities and restrictions in cooperative reflection. Psychotherapeutic practice broadens attention towards questions of shifts between levels of bodily and mental ingredients. This would strengthen reflective work and dialogues. In psychotherapy verbal expression as a path is many times too restricted, and we need complementary paths by more direct work on an emotional level supported by attention on bodily processes. However we also need verbal reflection on sensations and affects. That would make explicit what it all is about and support integration.

I will refer to studies related to psychotherapy by Peter Fonagy, George Downing, Alan Schore, Babette Rotschild and Antonio Damasio.

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## **How to use Anticipation Dialogues in Practice**

Anticipation Dialogues are meetings for making concrete plans for co-operation. The key idea is to hear everybody involved and to make a plan that combines strengths and is anchored in everyday life.

We, Eivor Österlund, social worker (child welfare worker) and Kerstin Johansson-Juup, school social worker (nine-year compulsory school), have for several years been using this method in meetings with pupils who attend their last year at school and are going to continue their studies in other schools. These pupils have all had special programs at school. Some of them have learning difficulties or problems with concentration, behaviour etc. Both the pupils and their parents were unsure about the future and the plans for further studies. From the school\_s viewpoint there is a worry for this group of pupils - what will happen when the compulsory school is over, who is taking care, who will help them to make further plans?

Most of these young people and their families have not had any contact with the social services before. Meetings where Anticipation Dialogues are used have in a constructive way succeeded to involve the child welfare worker in further preventive social work with the young people and their families.