New Frontiers

Leading the way in Psychiatric Nursing

Volume 1 Issue 4

THE NEWSLETTER OF THE MALTESE ASSOCIATION OF PSYCHIATRIC NURSING

Message from the president

Kevin Gafà

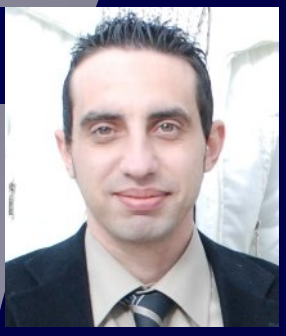
Reflecting on these past two years since launching the MAPN I can make some interesting observations. The first year was accentuated by our zest which was brought about by the creation of an association which has been a long time coming. The second year saw that creation maturing – taking shape. On the eve of our third year in existence, we are about to embark into our biggest project yet - the organisation of a huge event such as is the Horatio festival this coming November. While these past two years have been the source of huge satisfaction to all those involved, we are only now starting to reap the fruits of our hard work. This situation has been made possible through the ambition and perseverance we displayed since the very beginning. It is now time to live up to the old adage that actions speak louder than words and deliver the goods

Being the focal point of European psychiatric nursing was certainly not something we were planning when we first started the concept of MAPN in 2006. Establishing our identity locally was the easy part since the mental health services were craving for a proactive association like ours. Our independence from antiquated ideologies, collaborative approach towards other established entities and ability to survive on our own resources have served us well in that respect. But will we be able to have the same impact on Europe? The Horatio Festival will be our baptism of fire. Through the preparation and organisation of the festival we are gaining knowledge and strengthening our connections around the world. If anything the festival for MAPN will serve to boost our portfolio though I am sure that we will achieve much more than that if we pour in our enthusiasm, perseverance and self-sacrifice.

The 2nd group of graduate level psychiatric nurses are set to finish their course in the coming months. This is remarkable news not only for the ten individuals involved but for all of us who truly believe that specialised nurses have a pivotal role in the delivery of excellent mental health services. While expectations from these new graduates will be high, here is hoping that they are allowed to use their newly acquired skills effectively and efficiently by the respective decision makers. This ongoing investment in the education of nurses in mental health surely creates an aura of optimism.

While we, as nurses, do our jobs diligently, without expecting anyone to pat us on the back, it is nice for our achievements and dedication to be acknowledged from time to time. This rang true when the Malta Union of Midwifes and Nurses (MUMN) presented the award for the nurse of the year 2007/2008 to Frankie Mifsud who is very well known to us for his lifelong involvement in mental health nursing. He has been a role model to many, including myself. Those who had the privilege to work with him in various psychiatric settings witnessed his impeccable approach towards our clients and his commitment to safeguard our profession. Honouring Frankie with such a prestigious award is encouraging to all of us who work in the field of mental health nursing.

In conclusion I would like to convey a sense of courage to all the readers. Yes, there is still much to be done to change the negative attitude towards mental health nursing. We still have to slog through the difficulties brought about by the lack of financial and human resources invested in mental health care. It would be a blatant lie to say that these problems are a thing of the past. Yet focusing on the negatives will only serve to demoralise us. For the sake of our patients and our own well being we need to turn our attention towards the good things and build on those. Positive change is taking place – we just need to look in the right places.



MAPN president

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The Tidal Model of Mental Health Recovery and Reclamation

Profs. Phil Barker and Poppy Buchanan-Barker

Origins and Background

Developed and evaluated in the late 1990s, launched officially in 2000, the **Tidal Model** is recognised, internationally as a mid-range theory for nursing practice. **Tidal** focuses on helping people, who have experienced some 'breakdown', to recover their lives as fully as possible. Although 'recovery' has become popular in many Western countries the **Tidal Model** is easily distinguished from other 'recovery' models.

The **Tidal Model** is:

The *first* recovery-focused model developed *by* mental health nurses *for* mental health nursing practice.

The *first* mental health recovery model developed *conjointly* by mental health professionals *and* people in their care (i.e. user/consumer consultants)

The *first* mental health recovery model developed for use in the most challenging situations: e.g. acute care, where people are 'at their lowest ebb'. Increasingly, Tidal is used in forensic and Intensive Psychiatric Care Units.

The *first* mental health recovery model to be *evaluated* rigorously in public sector practice.

The *first* model to be used as the basis of recovery-focused care across the *hospital-community spectrum* - from child and adolescent services to older persons with both functional and organic mental health problems.

Nursing and the Tidal Model

Tidal assumes that mental *health* nursing involves '*the provision of the necessary conditions for the promotion of growth and development*'. Nurses help people to describe and name their experiences in their own language (rather than in the language of medicine or psychology). This leads to exploring how the person might begin to deal better with, if not completely resolve, these *problems in living*.

The Tidal Metaphor

Tidal acknowledges that change is often rhythmic, ebbing and flowing like the tide. Our experience of change in 'breakdown' and 'recovery' often 'comes and goes', or is like 'two steps forward, one back'. Nautical metaphors are commonly used in most languages to describe uncertain or dramatic states: e.g. drifting, washed up, wrecked or, drowning. In practice, however, the nurse uses only the person's own metaphors, thus respecting the language people use to tell their own, unique, story.

The Tidal Theory of the Person

Tidal represents the person as living in three *domains:* Self, World and Others.

The *self domain* is the place, where people maintain all their 'private' experiences: e.g. thoughts, feelings and aspects of consciousness.

The *world domain* is where people *bring out* some of these 'private' experiences into the world, sharing them, selectively, with others.

The *others domain* is where people *act out* their life story, with other people; influencing them and being influenced, in turn, by them, through an infinite range of social encounters.

Tidal also asserts that *all* any person ever *can be*, is **story**. We only 'know' who people are, by the stories *they* tell us about themselves, or the stories *others* tell about them. The growth and development of *persons* is accomplished, primarily, through story-telling. Consequently, **Tidal** focuses on story-telling as the key means of helping people to 'know themselves', and to 'know better' what is troubling them. These represent steps towards working out what might *need to be done* to begin to resolve these problems.

Theory into Practice

The practice of the **Tidal Model** is focused upon specific *individual* and *group* processes of care, each related to one of the three *domains.*

When people first enter the service the focus in the **World Domain** is upon helping them 'tell the story' of how they came to be in mental health care. This story-telling is facilitated through the **Holistic Assessment -** a in-depth conversation, aimed at helping the person explore and describe what has happened, with a view to beginning to discuss what might 'need to be done', to begin to address these problems.

This leads, naturally, to further conversations within **One-to-One Sessions,** which focus on helping the person identify and discuss *current* issues, problems or difficulties; identifying what the person might do and what help might be received from others, to begin to address them.

If the person is perceived to be in any way a risk or threat to self or others, in the **Self Domain** specific, in-depth **Security Assessments** are conducted, as preparation for the development of a person-centred **Personal Security Plan**, which identifies the personal and interpersonal resources the person might use to address current 'risks or threats'.

Live Story Telling and Live Recording

All these **Tidal** processes involve *active conversation* and are recorded *live*, as they occur, confirming the *collaborative* nature of the nurse-person-in-care relationship.

The Beginnings of Self-Management

These four processes have been described by **Tidal** user/consumer consultants as the 'beginnings of *self-management*'. Unlike, many other 'recovery models', **Tidal** emphasises that 'self-management' must be enabled from the point of *entry* into the service – *not* at the point of discharge. Through these processes the person rehearses the kind of decisions and actions, which might be needed as part of everyday living, once returned to ordinary life in the community.

Developing a Sense of Community
The last three **Tidal** processes belong to the **Others Domain** and involve specific forms of group work, each aiming to help people reclaim their personal power and identify personal and interpersonal strengths or assets.

Psychiatric 'patients' often are asked only to talk about what is *wrong* with them. The **Discovery Group** helps people to discuss aspects of life experience, which have shaped who and what they are. This life-affirming group aims to help participants appreciate their own diversity through making connections with the diversity of others.

The **Information Sharing Group** provides information on a topic of the group's own choice. It provides a safe venue to discuss this information with dedicated 'experts' – chosen for their knowledge of the subject, rather than because they are 'authority' figures.

Finally, the **Solutions Group** provides a highly structured setting in which participants can discuss current issues and problems in such a way that the *group* (rather than a therapist) helps them look at problems differently, and begin to think about how they might begin to be resolved.

All three of these group processes build social cohesion and also rehearse the community affiliations that are essential for social survival.

More Information
Visit the **Tidal Model** website for more information and free downloads of papers and articles. www.tidal-model.com

Child and Adolescent symposium

Marcia Gafà - Psychiatric Nurse

On the 14th February 2008, the Maltese Association for Psychiatric Nurses held a Child and Adolescent symposium at John Paul II Hall in Attard. The day started off with a hectic registration as the turn out to this half day symposium was quite impressive being that it was overbooked!!

Chaired by Mr Martin Ward (Independent Mental Health Nursing Consultant), the symposium consisted of 5 talks, presented from range small range of professional interested or working in the field of mental health. Moreover, Dr. Páll Biering from Iceland was invited to come and spoke about Adolescents' Perception of the Quality of Psychiatric Care .

The talks focused on different areas of child psychiatry. Dr. Nigel Camillleri and Dr Abigial Cassar Parnis discussed their findings of a small scale study done at Child Guidance unit between July 2005 to July 2006. It was astonishing to hear that children prior review at this unit, were misdiagnosed and given medications contraindicated for their age, particularly Sulpride, an antipsychotic drug supposed to be used only in individuals over the age of 14 but which was being prescribed to children between the ages of 12 to 16. After reviews at the CGU, most children were given a different diagnosis, were either omitted the drug prescribed by their GP/Paediatrician, or given a more suitable drug. It became clear that in child and adolescent psychiatry, a more holistic and multi disciplinary approach, were emphasis on professional evaluation is the focus, is necessary to prevent misdiagnosis and administer the ideal drug.

Ms. Rosette Buhagiar presented her dissertation (in partial fulfilment of diploma to BSc Hons. in Mental Health Nursing) which focused on how teachers and facilitators view children with conduct disorder they might have in their classroom. It was concluded that multiple factors contribute to the milieu of the classroom including the disorder's severity, classroom population density and quality of communication between the parents and teacher/facilitators to mention a few. It was recommended that children, parents, teacher and facilitators work together with the educational system to improve the child's development. Ms. Amanda Said presented her dissertation (in partial fulfilment of BSc Hons. in Nursing) focusing on Adolescents' perceptions of mental health problems. The study aimed at identifying adolescents attitudes and perceptions towards people with mental illness; to address social distance; to indirectly examine their (adolescent's) knowledge and to promote mental health while suggesting anti-stigma interventions. The findings of this study prove that adolescents are extraordinary individuals, who are willing

to tolerate and accept mental ill people in the community. Unlike adults, they can be more understanding, readily willing to accept and help individuals suffering from mental illness, and more eager to seek help.

A very passionate talk was given by Ms. Audrey Carter, a teacher at Young's People Unit who spoke about her experience working there. She spoke in detail about the difficulties she faced when teaching children who are hospitalised and suffer from mental illness, the difficulties to liaise with teachers from other schools and the lack of understanding in the general public. She admits the pity falls within the educational systems, and if she hadn't been exposed to this environment, she wouldn't of know that these children endure so much.

Dr. Páll Biering described in detail a project titled Adolescents' Perception of the Quality of Psychiatric Care. This project deals with the inpatient adolescents aspect The finings of this study are extremely useful when one needs to evaluate the quality of a service delivery, whilst it aimed at developing standard questionnaires for care-givers, the adolescents and the professional care-giver. The findings of the study dealt with adolescents discovered a safe haven when coming from a violent background, found solidarity in their peers but often felt as if they lost touch with the 'real' world. Others themes commented on adolescents being considered as individuals rather than patients, achieving goals and improving their development and sense of worth.

Partially sponsored by Eli Lilly the half day symposium proved to be very intense and productive. Discussing various topics related to child and adolescence mental health amongst a vast range of health professionals was extremely encouraging for the future.

The transition from Hospitalised centred care to Community centred care.

Angelo Abela (Psychiatric Nurse) PRO MAPN

To celebrate the second anniversary since its inception the MAPN organised a discussion session entitled 'The Transition from Hospitalised Centred Care to Community Centred Care'. The discussion was held at the colony theatre, just outside Mount Carmel Hospital, which has recently been exquisitely refurbished by Mr. Harold Calleja. The whole discussion lasted a little over two hours and was chaired by MAPN president, Mr. Kevin Gafa'. Among those present were Dr. Joseph Cassar (Parliamentary Secretary for Health) and Mr. Mario Galea (Parliamentary Secretary for the Elderly and the Community Care). Following is an account of what the speakers discussed when answering questions by the chairman and by those in attendance.

Dr. David Cassar (Consultant Psychiatrist) stressed that hospitals still have an important role to play and are a very important asset if utilized properly. To make his point he described the experiences of other countries such as Italy and the USA where psychiatric hospitals where hastily shut down to the detriment of the patients. Nevertheless, he said, psychiatric hospitals carry the heavy burden of stigma. Moreover, prolonged hospitalization could lead to the institutionalization of the patients instead of empowering them to live a full and independent life.

On the subject of shared responsibilities between the various disciplines which make up a community team Dr. Cassar warned that turf wars can be extremely damaging and that a high level of maturity and responsibility was required from everyone involved to make sure that the patient is always at the centre of the service being offered. He remarked that, at present, protocols are drafted by a group of different professional. This helps giving everyone an equal footing in the decision making process. In the end, he said, the basic principle is to make sure that available human resources are utilized in such a way that their potential is maximized. He believed that proper teamwork is especially important when working in the community.

In planning for the future Dr. Cassar recognized the need to expand the services currently being provided. He shared his experiences in working in the Qormi area (which acted as a pilot project when community services first started functioning) and commented on how less patients from that area are seeking hospitalisation. He said that those involved directly in the project can attest at how the service is improving the quality of life of service users.

Mrs. Connie Magro (Chair Person of the MHA) touched on the work being carried out by the Mental Health Association (MHA) aimed at reducing stigma in school children. She said young children are more receptive than those of the older generation who have higher levels of stigma towards mental health problems. She quoted a study carried out by the MHA which showed that stigma is one of the main reasons why people fail to seek help with problems related to mental health. Mrs. Magro remarked that the transition from hospitals to the community has been taking place for a long time since hospital stays have become increasingly shorter throughout the years. She said that now we are refining the care we provide in the community.

Mrs. Magro referred to Prospect, an EU initiative which aims at empowering the relatives of people suffering from mental health problems. She stressed that the family play a pivotal role in community care since they are the only ones who spend 24 hours a day with the patient. Because of this, educating the informal carers must be one of our top priorities. Family members, she said, must form part of the community mental health care team.

Ms. May Caruana (Manager Community Services – Mount Carmel Hospital) briefly described the services currently available in the community which are based on three levels. The primary level provides less intense care for those individual who can manage in the community with minimal help while the secondary and tertiary levels of care are more specialized. She described the tertiary level of care in detail saying that it is the most specialised service offered and is focused on rehabilitation through the day centres and outreach team. Ms. Caruana explained how the available community teams strive not only to keep the patients functioning in the community but also to improve their quality of life.

Ms. Caruana said that the services in the community are set to grow and there are plans to create more teams to work in different locations which will complement the two teams currently in operation. She also shared the plan of producing information cards which are to be carried by individuals making use of community psychiatric services. These cards would provide details about where the client is being cared for and relevant contact numbers for case managers. She hoped these cards would help better coordinate the care being given to the individual making the whole process more efficient.

Ms. Elisa Camilleri (Richmond Foundation) outlined the work carried out by the Richmond Foundation (RF), a non-governmental organization focused on rehabilitating individuals suffering from mental health problems in the community. This involves helping patients who have experienced a lengthy hospitalisation period reintegrate into society through the services provided at Villa Chelsea. Other services include helping individuals find proper accommodation and a suitable job plus providing home support. The RF has also set up a leisure centre for people to meet each other in the community and spend meaningful time together and initiated the Balance Programme which helps individuals keep fit through a healthy life style. Finally Elisa explained how the RF was collaborating with the Mount Carmel Hospital management to manage a community hostel.

Mr. Edward Borg (CEO- Mount Carmel Hospital) corroborated what was said by Dr. Cassar in saying that there is still an important role for hospital based care. He said that, although community based mental health care reduces the social costs for patients, it is more costly than hospital based care.

Mr. Borg spoke at length regarding what lies ahead for the development of current community services. He said that the management has designed a roadmap spanning five years which will see the improvement of current services being given both in the hospital and the community as well as expand on what is available at present. The 'Qormi' model has been successfully functioning for the past 12 years but our community services need to expand further than that, he said. In order to plan for this expansion Malta has been divided into three regions and each will have a primary and secondary team as well as a day centre. The aim of these services would be to implement early intervention in psychoses. To do this the number of outreach teams has to be increased and

crisis intervention teams, which will also work after hours, need to be introduced. He also pondered the idea of opening a call centre for people seeking help.

Mr. Borg said that the management consciously decided to focus on quality rather than quantity when planning out the community care services. This had to be done because of limited financial and human resources available. He was optimistic that these resources would be forthcoming because at present there is a good political impetus to increase services given.
When asked about the research being done to gauge the effectiveness of current community services he admitted that conducting research in this field can be very difficult since there are so many variables as to why people seek admission to hospital. Nevertheless research could help to measure the effectiveness of such services and build a case towards increasing funds for the project by proving that what is being done is having a positive effect. Preliminary research which has been carried out has, in fact, demonstrated that in the area where the services have been established for a long time there was a decrease in admissions. On the other hand we have seen an increase in individuals who seek psychiatric services in the Cottonera area where new community mental health services have recently started functioning. He attributed this to the fact that people in that area have become more aware of the importance of seeking help when faced with mental health problems instead of allowing the stigma to act as a barrier. When asked about performance indicators he said that these are in place and being used to gauge effectiveness.

Mr. Pierre Galea (Community Psychiatric Nurse) again reiterated that there is the need for both community and hospital based services, which should complement each other. He explained that psychiatry is based on human behaviour which can only be observed properly when the person is in his natural environment.

Mr. Galea remarked about the lack of resources avaliable at present and said that this disadvantage could be counterbalanced by the high involvement often seen by Maltese families. Quoting his experience working in Oxford he said that such involvement is severely lacking in many foreign countries and we should maximize the potential that our culture offers us by fully involving families in care whenever possible.

When speaking about the community care team Mr. Galea stressed that every one in the team must work together. In his experiences abroad there is little distinction between the different professionals in terms of role in the team. He concluded by stating that psychiatrists need to use the power they have wisely especially in a community setting.

Mr. John Degiorgio (Manager Nursing Services of Mount Carmel Hospital) said that he has seen a huge improvement in the quality of life of patients during his experience working in Mount Carmel Hospital. In the 70's there were over a thousand patients being cared for in the hospital and not more than 12 patients would have permission to go out of the wards into the hospital garden. This is a far cry from the situation today where a good number of the 300 plus patients in the hospital have leave permissions.

Mr. Degiorgio said that the hospital management is very dedicated towards investing in human resources. This is evident in the commitment to educate those individuals willing to learn which resulted in a good number of nurses undertaking a degree in mental health nursing. He also agreed with the other speakers in saying that families have a definitive role to play in caring for people with mental health

problems.

Mr. Paul Pace (President of the MUMN) explained how the huge shift of investment into Mater Dei Hospital had a negative effect on the community services which could be offered by Mount Carmel Hospital. Community services in Malta started late when compared to other countries in the EU and US. He also commented on the fact that, although we have seen an increase in graduate psychiatric nurses in recent years, they are not being empowered appropriately to their skill level. This, he said, contrasts with what is happening abroad.

On the subject of overcrowding Mr. Pace said that this is not a problem which is exclusive to psychiatric hospitals and can also be observed in general and geriatric hospitals. He explained how, such overcrowding puts a strain on the health care workers and at times the union has to issue directives to safeguard the well being of its members. He stressed on the importance of having a good manpower plan. Opening new services when the manpower plan is clearly showing that there are not enough human resources to provide those services does not benefit anyone in the long run.

Ms. Carmen Grech explained that she approached a private professional when she needed help but not everyone can afford this luxury. She had nothing but praise for the RF who provided their services when she most needed them. Professionals from the RF empowered her to find another job after she had lost her previous occupation as a result of her illness. She was even given the opportunity to work as a facilitator within the organization as well as appear on T.V. to talk about her experience. This, she said, gave her much satisfaction especially since she received a lot of positive feedback regarding the experience. She concluded by saying that she has seen a reduction in overall stigma in recent years.

Among the points raised by those present where the need to better coordinate the services given in the community and in the institutions, the necessity of having a psychiatric nurse working in health centres, the possibility of involving local councils in community mental health services and the importance of empowering each member of the community team.

For information about future activities organised by the MAPN e-mail on mapsychnurses@gmail.com or visit the official website www.map-n.com.

E-Mail Interview - Profs. Páll Biering

Mary Vella - General Secretry MAPN

How long have you been working with children and adolescents suffering from mental health related conditions?
I had my first work with adolescents in trouble in 1978. It was in a treatment home for adolescents with severe conduct disorder, or criminal youth as you might call them. This was long before I went into nursing. I graduated from the Nursing Department of the University of Iceland in 1989 and my first job was on a child and adolescent psychiatric ward.

What have been the highlights of your career to date?
There are so may highlights depending on from which perspective I look. I will tell you about two of them.
Many years ago I was standing talking to a friend on the sidewalk of the main shopping street in Reykjavik. It was a sunny summer day and people had flocked downtown to enjoy the weather in the outdoors cafés. I looked up the street and saw this young woman rolling down the road towards me on her rollerblades. I did not recognize her –you tend to recognize every other person on the streets of Reykjavik— but could not help to look because she was radiating with health and beauty. Then suddenly she changed course and ran directly to me, stopped right before me and kissed me on the cheek. When she saw how surprised I was she smiled at me and said: "Don't you remember me? I am Linda." And of she went, rolling towards her future. Then it came to me: one year before I had been struggling to help this girl to sober up in treatment home for young alcohol and drug addicts. I had not been so optimistic about her, but there she was just as sober as the summer day that brought about our brief reunion.
The rule that make the academia move is "publish or perish," so every now and then I will send a rather dray paper to some journal which regular people do not even know that exists. Each time I get a paper accepted I feel on the top of the world so I suppose these events should be counted among the highlights of my career. This feeling of victory is though short lasting and very soon you are back down in the valley of everyday, struggling to get another paper published. However, every now and then a student working on her or his masters or doctoral theses sends me an e-mail making requires about some of my papers. That pleases me a lot because then I know that somebody has actually read my paper and that my labor has been of some use for somebody.

Can you explain to us what is the "Project Self Discovery"?
Project Self Discovery is an alternative outpatient treatment program for adolescent we are running here in Iceland. It has all the usual ingredients of such programs, like cognitive behavioral group therapy, individual counseling, and family support. What is unique about it is the idea of "natural highs" which basically means that the kids are helped to stop being high on alcohol and drugs by teaching them to become high on life. For these purpose we use creative arts and nature. The participants in the program can choose from one or two of the following avenues to express themselves: music, theater, art, and poetry. The kids then work with artist and art therapist on different projects, for example, putting up a play or giving a concert. Also, they have adventures trips in the Icelandic wilderness. This gives the adolescents new means to express themselves and they learn new ways of enjoying themselves.

As a professor in psychiatric nursing, what qualities do you feel a person needs in order to work with children and adolescents?
In my view the children and adolescents are better fit than me to answer this question. I have recently done a study of adolescents' view on psychiatric services. According to its findings those working with children and adolescents need to be both caring and considerate, and able to set limits and exercise discipline. Adolescents want to be treated with respect and that means in their view to be treated as individuals but not as patients. I would advise those working with children and adolescents to relax and be themselves. Don't take yourself too seriously and don't believe that you will loose respect if you show your personal self to them. Children and adolescent are very sensitive to dishonesty and will immediately notice if you pretend to be something you are not. If they spot that you will loose their respect.

As an experienced Psychiatric Nurse working with children and adolescents, what are the mistakes one should avoid when trying to implement change in the sector?
I want to skip this question

How important do you think research is in the mental health field?
We can no longer relay on universal theories in our work, simply because no such theories can give us a perfect and infallible understanding of the human psyche. The most famous example of such theories is the Freudian psychological theories. For the most part of the twentieth century psychiatry and mental health care was build on the assumptions that Freud's theories correctly explained psychological problems and hence that interventions build on these theories would be successful. When research showed that this was not the case the field began turning away from general theories and instead began to seek guidance in research and to practice methods that could be shown, by the means of objective studies, to have positive effect. In a sense research was used to gain more practical instead of theoretical approach to the mental health, which is much better for the client and therefore of uttermost importance. The user movement has also required that the users' perspective is taken into consideration in mental health services. To be able to do so we need to study the users' perspective. Furthermore, research will always be needed in our search for understanding of the phenomena of concern for mental health.

Is there enough research being undertaken in relation to childhood mental disorders?
There is a lot of research undertaken to understand and map mental disorders among children and adolescents. These studies are too one-dimensional focusing almost entirely on the physiological aspects of child and adolescent mental health and ignoring the social and cultural aspects of it. Also, more research is needed on intervention and the protective factors that influence good mental health and positive treatment outcome.

Could you give some examples as to the challenges that psychiatric nurses are facing in your country?
Our greatest challenge now is to move the mental health service away from the hospital institutions and into the community. This is a challenge we share with other mental health workers. The challenge of special concern for psychiatric nurses in Iceland is to make their interventions more visible. I believe we can best do so with the means of outcome studies.

While in Malta you had the opportunity to meet nurses working in the Mental Health field, what are your impressions of the local psychiatric nursing care?
I got the expression of spring, of beginning. My encounter with the local psychiatric care was rater limited so I can not make any as-

sessment of that, but I met many psychiatric nurses and my impression was that they are on the move to more self-confidence and better education. I was impressed to learn that your leadership is in the hands of young people, which is different from the situation in Scandinavia. I interpreted this as a sign of bright future for psychiatric nursing in Malta.

What are your expectations regarding the Horatio Festival?
I expect the festival to help us recognize how powerful we can be if we work together and support each other. It will give us an opportunity to meat colleagues from different countries and hence strengthen the sister- and brotherhood of European psychiatric nurses.

Do you have any suggestions to enhance psychiatric nursing care in Malta?
I think psychiatric nurses should enjoy forces with other metal health workers to enhance mental health services and psychiatric care in general. I think you need to spend more resources and money to care fore those who suffer mentally. That means both medical and social services. This is a political effort which will be more fruitful if all the mental health professions unite behind it. To manage this a strong union of psychiatric nurses is necessary and I think you are doing a fine job in building up a strong union.

If you had the chance to start again, would you still choose the same profession?
Luckily enough I have no possibility to start over again. I say luckily because there are so many things in my life now I would not want to be without and if I was able to go back in time and make some changes I would risk looking all that, also mine fine profession.

What are your plans for the future?
I am going to spend few days in Sicily and then take the boat to Malta, and figure out, once for all, who grows the best tomatoes.

Páll Biering is the Chairman of the board of "Project Self Discovery" in Iceland. Project Self Discovery is a treatment and prevention program for adolescent with mental and behavior disorders. Apart from being an associate professor in psychiatric nursing at the University of Iceland, Mr. Biering is an individual expert, acting as an evaluator for the Seventh Framework Programme of the European Community for research and member of the HORATIO expert panel.

Horatio Festival – November 2008

Progress report - Martin Ward , Chair Expert Panel HORATIO

Work on the festival is certainly picking up the pace. Every day sees more requests for information, queries about stands from as far a field as Canada and New Zealand, offers of help from all around the globe and any number of ideas from well wishes and people excited about coming to Malta for this unique event. To date this is the progress:

The **Conference** has 220 papers (12 from Malta), plenary speakers, discussion groups, posters, symposium, debates and national forums from over 30 countries.

The **Festival** activities include films, competitions, guest interviews, auctions, music, art and poetry - all with the theme of mental health

The invited keynote speakers who have so far confirmed include:

- Representative from the Ministry of Health Malta
- Dr Matt Muijen – Director of Mental Health (Europe) W.H.O. – Denmark
- Professor Maritta Välimäki - University of Turku – Finland
- Mrs Mary Van Dievel – Director, Mental Health Europe – Belgium
- Mr Pascal Rod – President, European Specialist Nursing Organisations – France
- Professor Hilary McCallion - South London and Maudsley NHS Foundation Trust - UK
- Professor John Cutcliffe – Tyler University – Texas – USA
- Professor Phil Barker – Clan Unity: Mental Health Recovery and Reclamation – Scotland
- Mr Jürgen Scheftlein - Health Determinants Unit, DG SANCO, European Commission – Luxembourg
- Mr Oliver Lewis – Executive Director of Mental Disability Advocacy Centre – Bulgaria
- Mr Martin Ward – Chair, Horatio: European Expert Panel of Psychiatric Nursing – Malta

The first announcement flyer will be distributed to 20,000 emails addresses and mailed to a further 200 worldwide in two weeks time, whilst the programme is going on the Horatio website at www.horatio-web.eu at around the same time. We are expecting about 600 delegates in all and I suspect that a large proportion of them will try to beat the early bird deadline of August 1st. This is going to be THE psychiatric nursing event of the year so whatever you are doing in November this year, if you work as a mental health/psychiatric nurse, do not miss out on this fantastic opportunity to meet your colleagues from around the world. Special delegate rates, whole event/daily rate apply to Maltese psychiatric nurses.

If you have any questions, or queries contact either Kevin Gafa' at MAP-N or the Festival admin team on horatiofestival@gmail.com.

First Erasmus experience for mental health nursing students 2008
The Teacher's Point of View

Josanne Drago Bason - Lecturer Mental Health Nursing

"Se oli huomattava kokemus". So the Finnish would say to describe this event. "It was a remarkable experience". This Erasmus Intensive Programme was held in Tampere, Finland between the 12th and 23rd May. It brought together mental health nursing teachers and students from different countries, namely: Norway, Sweden, Finland, Belgium, Ireland, England and Malta. Being part of this diverse group of teachers and students helped me broaden my notion of mental health care education and gain new ideas which I can use throughout my role as a mental health nursing lecturer at the Institute of Health Care.

The main objective of this Intensive Programme was to strengthen the families' and service users' viewpoint in mental health education. To reach this aim, several mental health service users and family members of people with mental illness delivered presentations about their own experiences with mental illness. This offered the opportunity to all those present to relate their knowledge of mental health nursing to the actual person's feelings.

My presentation which was called "Experts by Experience – A taste of Malta" was received very well by students. It involved a thorough discussion of research carried out in Malta about the experiences and needs of relatives of the mentally ill people. Seven research studies were identified – two carried out at Masters Degree Level and five at Baccalaureate Degree Level. Notwithstanding that the majority of this research was carried out by first time researchers, the findings corroborate each other and concur with those of international studies. A description of services offered in Malta in order to support relatives of the mentally ill ensued, followed by a class discussion of the services offered in other countries. Indeed, this session was a taste of Malta. Since it was the last lecture throughout this course, I ended this session by singing a Maltese song, whilst Joe Galea (one of the Maltese students) played the guitar for me! Finally, all the students present had the opportunity to taste Maltese Nougat, which was carefully cut into small and equal pieces (certainly not an easy feat) by the Maltese students – Doris, Joe, Cettina and Marion. This was greatly appreciated by all the students.

If truth be told, this experience was not just academic. Tampere, with all its lakes and greenery (considering that we've been there in spring), offered us Maltese people an unforgettable landscape. We didn't miss the opportunities for shopping, going out with the other students and teachers, of getting to know what a Finnish sauna is and of dipping into the exceptionally cold lake, which is to be considered an act of bravery!

All in all, this experience gave us the chance to learn, enjoy ourselves and grow together. It will certainly remain etched in our minds whilst we apply the knowledge and insights we gained from it on a daily basis.

I would like to end this report with a big "Kitos", the Finnish word for "thank you", to my husband Sandro and son Luca, who accompanied me throughout this adventure. Their presence was very much appreciated.

The Student's Point of View

Marion Saliba , Joe Galea , Doris Fenech, Cettina Cassar

'**It is never too late', and** surely, it was never too late for us either to read for a degree in Mental Health Nursing Studies, or to be a student again, with whatever such a role entails. Amidst the exams of our final semester and the anxiety of handing in the theses, there comes this golden opportunity for four students to join an Erasmus Intensive Program 'MENTHE. – Mental Health Education', in Tampere – Finland. There we were on the 12th May 2008, the four of us, on our way to Tampere, and to the Erasmus Experience at PIRAMK UNIVERSITY, (The University of Applied Science). Believe me it was a unique, once in a lifetime experience for all of us, from start to finish. In addition, we were **the first psychiatric nursing students on an Erasmus project.**

Being all mental health nursing students and tutors from 7 different countries, namely Finland, Norway, Sweden, Belgium, Ireland, UK and Malta, we made new friends, shared knowledge and experiences, participated and worked together in a multi-cultural class, enjoyed evening activities together, and had fun together. We were placed on the 9th floor of the dormitory building, (both the structure of the building, the dorms and facilities brought back to me and Doris, memories of our first time student days at the now Old IHC some 30 years ago). We also explored the city and other places. Enjoyed the greenery and the freezing lakes of the land where it does not go dark. .In late spring and summer, the twilight last till almost midnight and by 3 am the sun would be brightly shining in the room.!!!!

Every day from 9am – 4pm, we attended for lectures. On the second day, the students from each country gave a presentation about 'The Evolution of the Education of the Psychiatric Nurse and the Services Offered to the Family, Relatives and Patients in their respective country. However, our presentation had a slightly different introduction as we had to show where Malta is on the map of the world, highlighting some of the historical places, and promoting the forthcoming HORATIO FESTIVAL to be held in Malta next November. Our presentation focused on the development of the education of the psychiatric nurse, showing how the illiterate attendants back in early 20th century are now nurses of tertiary education level. An overview of some services offered in Malta dealt with the Child and Adolescent Psychiatric Services in Malta, the philosophy and program offered at the Dual Diagnosis Unit, Psycho geriatric Nursing Care, the services involved, and the introduction of the Outreach Team and the services provided. To say the truth we received very positive comments. In our opinion, we do compare well with other countries though we work the longest hours and are the least paid nurses of this group.

We would like to take this opportunity to thank Mr. Martin Ward and all those involved in making this opportunity happen for us. We would also like to thank and congratulate the co-coordinators of this Program namely Ms Nina Kilkku and Ms Pirjo Linnainmaa for their very good work and organization. Finally yet importantly, we congratulate Ms Josanne Drago Bason, for the interesting lecture she delivered there, and for her support during our experience in Finland.

Schizophrenia

Tony Bou Khalil, M.D., Medical Affairs Manager, Janssen-Cilag, Near East, West Asia, and African Territories

Schizophrenia is a chronic disease manifesting itself in adolescents and young adults during productive years of life. According to the World Health Organization (WHO), the estimated overall prevalence is 4 per 1000 persons, hence the impact of this mental health illness is substantial. [1, 2]
Management strategies for schizophrenia include both pharmacological and psychosocial interventions, with antipsychotic therapy by typical or atypical medications being the mainstay of any treatment plan. [2]

The burden of schizophrenia weighs heavily on the patient's quality of life and productivity. The financial burden is also considerable on the families, payers, and the health care system.
While medication represents only a small fraction of the total schizophrenia costs, hospitalization remains the main contributor to schizophrenia cost of care. [1, 2]

Relapse is a major cause of re-hospitalization. This is due in the majority of cases to non-adherence or non-compliance with medications. Gaps of 1-10 days in medication use over a year are associated with about a twofold increase in the risk of hospitalization. [3]
Approximately 50% of patients suffer relapse within the first year of remission and up to 82% relapse in the first 5 years. Patient chances for recovery and degree of recovery lessen with each relapse. So, the importance of compliance and adherence will become more evident as relapse rates can be three times lower with optimal treatment. [7,8,9]

Treatment guidelines recommend long acting injectable formulations when patients have a preference for this formulation, when there are recurrent relapses as a result of partial or complete non-adherence to oral antipsychotic agents, or when patients have poor insight and / or denial of their illness. [4,5]

The US and UK management guidelines also recommend atypical agents as the first-line treatments for patients with newly diagnosed schizophrenia. Atypical antipsychotic drugs should also be considered as treatment options for those patients who are currently receiving typical antipsychotics and have previously experienced unsatisfactory efficacy or unacceptable adverse events. These agents are considered as effective as typical agents with less extrapyramidal symptoms, and tardive dyskinesia. [4,5]

Risperidone is the first atypical agent to be available as a long acting injectable formulation, allowing the steady release of the drug at a constant rate. Significant plasma levels are achieved after week 3 of treatment initiation. [2]
Risperidone long acting injectable has been shown to reduce hospitalization rates by an average of 50% and an average reduction of 29 hospitalized days/patient/year. [10,11,12]
Other typical long acting injectable antipsychotic formulations are also available i.e. fluphenazine decanoate, haloperidol decanoate, and flupenthixol decanoate.

In conclusion, with recovery as the ultimate goal, prevention of relapse is a cornerstone in the treatment of schizophrenia and ensuring adherence to medication is crucial. The combination of new drugs and modes of administration with other management strategies like family psychoeducation, cognitive behavioral therapy, and social skills training, contribute to produce a favorable patient outcome and to the quick reintegration of the individual in his society. [6]

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- 11-Impact of risperidone long-acting injection versus oral antipsychotic treatments in hospitalization in schizophrenia. J. M. Olivares, Poster presented at the 13th International Society for Pharmacoeconomics and Outcomes Research, Toronto, ON, Canada, May 3–7, 2008.
- 12-Hospitalization rates in patients during long-term treatment with long-acting risperidone injection.Chue P, Devos E, Duchesne I, et al.Poster presented at 23rd CINP Congress;June 23-27, 2002; Montreal, Canada.

Mental health in Youth and Education meeting Luxemburg — HORATIO response

Roland van de Sande & Martin Ward - HORATIO

Horatio, represented by Martin Ward (Board member and Chair, European Expert Panel of Psychiatric Nursing) and Roland van de Sande (Asst General Secretary), was an invited member of the expert group who met in Luxembourg in March 2008 to discuss the development of the various papers that would be produced to construct the Mental Health pact for Europe. Horatio represented Europe's estimated 500,000 nurses working with the mentally ill and also the European Specialist Nursing Organisation (ESNO). HORATIO's representatives were further selected to work in the specialist groups whose job was to provide the material necessary for the European consortium to prepare and produce the final documents. They attended as guests of the European Health Minister's special conference at the European Commission in Brussels where the pact was launched in June 2008. They will continue to work on the supporting documents over the next two years.

Whilst there have been a plethora of recent reports, declarations and policy initiatives indicating that mental health generally is seen as an important area for development the fact remains that the one subspecialty which lacks any real continuity of approaches is that of child and adolescent mental health (EU 2004). The Florence Declaration (ESCAP 2007) stated that 80% of young people in Europe report good psychological wellbeing but that one in five has cognitive, emotional or behavioural difficulties and a further one in eight suffer from a diagnosable mental disorder. As an example of this the mean average of adolescents in Europe who do not complete their formal education is approx 15% (Fryers 2007) – with 80 million people world-wide being totally illiterate - whilst figures for crime amongst youth offenders has tripled in the last decade (Home Office 2008). The Mental Health Foundation (2006) indicate that the number of suicides in young people in Northern Ireland has overtaken road accidents as the main cause of deaths whilst also stating that an estimated one in 17 adolescents may be self harming in some way. In addition to these statistics, indicators in other, non-clinical, domains show that education, social networking, the law and family life have all been casualties of a growing downward trend in youth mental health. The Irish National Office for Suicide Prevention (2007) has the following explanation for this phenomenon; due to threats of stigmatization juveniles are rarely engaged in mental health support pathways which can result in a critical delay of early recognitions of warning signs. For this reason the increased presence of clinical nurse specialists in child and adolescent services is urgently needed. Those specialist professionals are trained to integrate complete psychosocial and psychiatric assessment, brief interventions such as cognitive behavioral or problem solving interventions and provide consultation and counseling activities.

Full report of the meeting can be read and downloaded from **www.map-n.com**

Vincent van Gogh

Damian Gouder - Psychiatric Nurse

Introduction

The life of Vincent van Gogh, not only as an artist but as a person is characterised by contrasting aspects of his life. One one end he was a genius, who experienced intense emotions and love for life and people as depicted both in his paintings as well as in his writings to his beloved brother Theo. On the other end his mental suffering, through rejection, strained family and friend relationships, and ultimatly his experience of mental illness which finally led him to commit suicide at the age of 37. However the personality of Vincent van Gogh as well as his works, continue to fascinate people even today.

The scope of this article is to discuss the relevance of Van Gogh's life, not just as a great artist, but also as a person who experienced mental illness. His struggles against the burden of sadness and loneliness may give an insight into understanding better persons who suffer from mental illness. As Vincent van Gogh was not just a great artist, he was also a great communicator. His life is a first hand experience of mental illness as Van Gogh tries to share using his paintings as well as in writing in the letters that he frequently wrote to his brother Theo with whom vincent was very close. In his last published letter in july 1890 Vincent van Gogh wrote to his brother Theo

" I set to work again- though the brush almost slipped from my fingers.... I have since painted three more canvasses. They are vast strethces of corn under troubled skies, and I did not need to go out of my wayto try to express sadness and the extremity of loneliness. I hope you will see them soon- since I almost think that these canvasses will tell you what I cannot tell you in words...."

Following is a brief account of Van Gogh's life. It is interesting to note that Vincent's brother Theo, played also an important role as he provided both financial and moral support throughout his brother's vivid and tormented life.

Vincent van Gogh (1853 – 1890)

Vincent van Gogh was born in 1853 in the provine of north Brabant in southern netherlans. His father theodorus was a minister. He had two brothers and three sisters. His brother Theo who was four years younger. Theo was to play an important part in Vincent's life as he was the person who was closest to him. The letters that vincent sent to his brother theo often after long hours spent in painting where published after Theo's death. However this will be discussed later on. As a child Vincent is described as serious, silent and thoughtful. He was distressed to leave his family in order to attend school, were he was thought for the first time to make drawings. However he left school abruptly and returned home. Later on in life he confided to his brother Theo that his youth was gloomy, cold and sterile.

At the age of fifteen Vincent obtained a position as an art dealer thanks to his uncle. After sometime he was transferred to London. This was a particular happy period for Vincent. He was succesful in his work and at the age of twenty he was earning more than his father. At the same time he fell in love with his landlady's daughter and proposed marraige. However she was already engaged and rejected his advances. Vincent became increasingly isolated while his interest in religion grew more fervent. He was transferred to Paris, were he became resentful at how art was treated as a commodity, and manifested this to customers. Subsequently his employment was terminated . after returning to london and then back home his interest in religion grew to the point that he felt that he wanted to follow into his father's footsteps and become a preacher. He thought that he found his true vocation in life.

However after several attempts for formal education in theology and religion Vincent failed in his studies and had to abandon them. However in january 1879 Vincent got a temporary post as a missionary in the coal-mining district of Borinage in Belgioum. The appaling conditions in which the coal miners including children lived, worked and died deeply affected the sensitive Vincent. Thus he decided to live like those he preached to and sought in sharing their burdens and hardships. He felt that in so doing he would be closer to the poor miners. This however appaled the church authorities who thought that he was undermining the dignity of the priesthood thus dismissing him.

Family pressure convinced vince to return home to his family. There was considerable conflicrt with his father who enquired into having his son commited to a lunatic asylum. Vincent fled home were he lodged for some time with a miner. In this period he grew increasingly interested in everyday people and scenes around him which he recorded in drawings and skethces. Following his brother Theo's suggestion Vincent took up art. Thus he went to Brussels and attended the Royal Academy of Art, were he studied anatomy, modelling and perspective. Vincent wished to become an artist while still be in God's service.

The following year Van Gogh went to live in the country side with his parents and continued drawing using neighbours as subjects. During this time he grew close to his widowed cousin Kee. He proposed marraige but she flatly refused him. However he persisted and wrote a letter to her father. He also went to visit them but Kee refused to see him at all. Her parents told him that his persistence was disgusting. In desperation Vincent held his hand on the flame of a lamp, demanding to see her for as long as he could keep his hand on the flame. Appearnatly the main reason that his cousin and her parents rejected him was the inability to support himself financially as an artist. This problem was to plague him for most of his artistic carreer.

The following christmas Vincent quarrelled violently with his father, refusing a gift of money and immediatly left for the Hague. There he continued with his painting. He also had a relationship with an alcoholic prostitute who had a daughter and was also pregnant. On learning of the relationship his family especially his father put pressure onhim to abandon her. However he left her sometime later as lack of financial income drove the woman back into prostitution. Years later she drowned herself in a river. Loneliness drove Vincent to stay with his parents in the netherlands. During this period he devoted himself to his painting. Meanwhile he yet had a relationship with another woman ten years his senior called Margot. She fell in love with him and agreed to marry. However both families opposed the marraige and Margot tried to kill herself with poison.

Sometime later Vincent's father died of a stroke. Van Gogh was deeply grieved. During this particular period he used sombre earth colours in his early works like the skull with a burning cigarette. There was no sign of the vivid colours that distinguished his later and best known works.in two years he completed abut 200 oil paintings. He was later accused of getting pregnant a young girl who modelled for him and the village priest forbade villagers to sit for him.

While continuing to study in Antwerp and then moving to paris Vincent was increasingly suffering from ill-health. The money provided by his brother Theo he spent mostly on painting materials and models, while neglecting his diet. It is also reported that during this period Vincent started to drink absinthe heavily. In 1886 vincent moved into his brother's apartment in Paris. In those times neo-impressionism was appearing in Paris. At that time other great artists such as Seurat and Signac lived and worked there. Theo who was an art dealer also kept impressionist work in his stock. Tensions grew between the two Van Gogh's as Vincent found it difficulty in acknowledging this new way of perceiving art and painting. Theo found sharing life with his brother as unbearable but later reconciled. During this period Vincent did more than 200 works. Also he and his brother befriended another great artist Paul Gaugin. Vincent felt worn out of life in Paris and left the city.

He next moved to Arles where he lived for over one year. After some time he setteld in the famous 'yellow house' whom he later shared with Paul Gaugin who arrived to Arles after Vincent's repeated requests. At this point in time Vincent was quite happy and settled down. But soon his relationship with Gaugin deteriorated , often quarreling fiercly about art. Excessive tension between the two artists reached a crisis to the point that Van Gogh stalked Gaugin with a razor. What happened next is probably the most famous act of self mutilation that happened in recent history. As Vincent Van Gogh cut off the lower part of his own left earlobe. He then wrapped it in a newspaper and gave it to a prostitute named Rachel, who worked in the local brothel.

Vincent was hospitalised in a critical condition. He was visited by his brother Theo who was notified by Gaugin. The following month Van Gogh returned to the yellow house spending most of the time in and out of hospital. Reportedly he was suffering from hallucinations and had paranoid ideations that he was being poisoned. Following a petition by thirty of his neighbours who called him the red headed madman the police closed down the yellow house. A few weeks later Theo married Johanna. Vincent thought that by marrying, his brother would abandon him.

Vincent committed himself to a mental hospitalat Saint Remy in May 1889. the hospital was a former monastery and was was run by a former naval doctor. Following arrangments by his brother Vincent was soon painting again. However his main subjects was the clinic and gardens due to limited access outside the hospital. In this period Van Gogh produced one of his best known works 'The Starry Night'.
Morover during this period his works was beginning to be appreciated and some people were describing him as a genius. In febuary 1890 he was invited to participate in an annual art exhibition in Brussels. Though some critics derided and insulted his works, others like Signac defended Van Gogh work and honour. In another exhibition in Paris the great artist Monet declared that Van Gogh's work was best in show.

After spending a year at the mental hospital, Vincent left and went to Auvers sur Oise near Paris were he was closer to his brother Theo.Vincent was in the care of Dr. Paul Grachet of whom vincent did some portraits depicting the man in a melhanchonic disposition. Vincent's depression worsened and on 27th july 1890 aged 37 he went out in the fields and shot himself in the chest. He then walked back to an inn, fatally wounded he died two days later. Comforted by his brother Theo, the artist's last words were reportedly 'sadness will last for ever'. Vincent was buried at the local cemetry. Unable to come to terms with his brother's loss Theo died six months later. In 1914 Theo's body was exhumed and re buried beside Vincent. Later on Vincent's letters to his beloved brother were published by Theo's widow Johanna. Apart from shedding light on the great artist's troubled existense, these letters also provided an insight into the joys and sufferings of Vincent Van Gogh. In these letters and in his paintings Vincent wrote the story of his own life.

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Events 2008

November
MAPN Annual General Meeting
Council Elections

November 5-9
HORATIO:
European Festival of Psychiatric Nursing
Corinthia San Gorg Hotel,
St George's Bay
Malta

Experience of life and mental illness

Serious mental health problems seemed to have affected Van Gogh for most of his life especially in later years. It is also known that during these periods of mental distress and affliction he seldom or was not allowed to paint. There has been much debate and speculation on what exactly was the source of Vincent's mental illness. Over the years some thirty diferent diagnoses have been suggested including schizophrenia, bi-polar disorder, psychotic disorders, temporal lobe epilepsy and also exessive alcohol intake particularly absinthe. However speculation about the artist's diagnosis is beyond the scope of this article. What is sure however is that Van Gogh's death marked the end of a life long struggle with mental illness and depression which had a profound impact on several naspects of his personality.

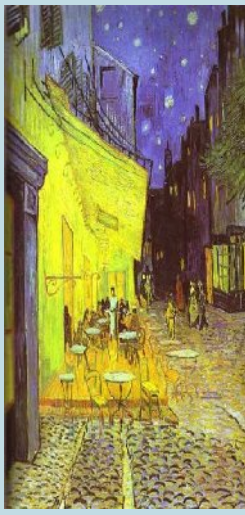
Even though Vincent Van Gogh lived and died over one hundred years ago his life and works not only created mixed feelings in people who lived in his own time, but still elicits opinions and debate today. Van Gogh inspired considerable affection and loyalty not only from his brother Theo, but also from other family members as well as friends. However those qualities are soon forgotten when one reads about the violent rows he had with his family and friends. Without going into the rights and wrongs of such arguments however if one reads his writings and studies his works one might come to the conclusion of what Vincent strived and yearned for in life. Vincent wanted to find meaning into his life. He wanted to experience the good things in life such as love and happiness. He wanted to help other people. He tried to walk into the footsteps of his father by becoming a minister but he failed. He tried painting and wanted to sublimate art with being of service to God and others.

One may also highlight some major contradictions in his life and personality.From a preacher voluntarily living in misery in order to be closer to his flock, he later indulged in the company of prostitutes and actually having a relationship with one. Throughout his life Vincent searched for love, affection and acceptance. However he tasted the bitterness of rejection in various forms. He was rejected as a preacher from church authorities, and also rejected by at least two women that he loved. Rejection also came in the form of being evicted from his house and being labelled a red headed madman. Surely his self- mutilation incident and subsequent behaviour would have shocked his neighbours even by today's standards. Moreover as an artist he had great difficulty in establishing himself. Also in this period his main financial support came only from his brother. Vincent Van Gogh also seemed a person difficult to live with and had trouble maintaing a stable relationship with his family. In fact even his closest brother Theo admitted this. Vincent's conflicts with his father were also evident.

However when one reads his letters as well as his paintings one is driven to the conclusion that Vincent Van Gogh was a very emotional and sensitive person. Through his art he tried to communicate what he found impossible to express into words. Psychology, psychiatry and other related disciplines were still in their infancy in Van Gogh's time. So one can only speculate of what could have been done for this man with todays advances in medicine and care of the mental illness. While acknowledging the fact that Van Gogh ultimatly commited suicide at the age of 37, one can learn more on how this great artist lived rather than how he died. The greatest tragedy of his life story is that while Vincent thought that his life was a series of failures, recognition of his work came only after his death. It is almost incredible how despite his deep psychological and emotional afflictions, vincent van gogh created those vibrant works of art which portray his genius, intense emotions and love for life which still can be seen and enjoyed today. One inevitably comes to the conclusion that van gogh strenghts far outweighed his weaknesses. Even though he was a difficult person to live with, his works and writings are the proof of his altruism. Once Vincent wrote to his brother

" I do not intend to spare myself emotions or difficulties. I don't care much whether I live a longer or shorter time..... The world concerns me only in so far as I feel a certain debt towards it. Because I have walked on this earth for thirty years, and out of gratitude I want to leave some souvenir....."

And surely he did.



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