



November Newsletter 2025

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**Mental health problems
don't define who you are.
They are something you
experience. You walk in the
rain and you feel the rain,
but you are not the rain.**

MATT HAIG

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The articles are the views of the contributors and not necessarily those of NPN.

Jump For Your Life

I live with multiple mental health diagnoses, including OCD, social anxiety disorder, generalized anxiety disorder, panic disorder, PTSD, ADHD, and schizoaffective disorder.

It took fourteen years, countless hospitalizations, and moments of despair before I finally found the right combination of medications that allowed me to function well.

Now, as I cautiously reduce my medications, I have never felt more alive — free from suicidal thoughts, enjoying life, and reclaiming my dignity and hope. It is an experience I would never wish on anyone. For seven years, I was homeless, living with the weight of these illnesses. The journey has destroyed family relationships, yet over time, I've repaired them. I realized they were not trying to hurt me they were trying to help me in the only way they knew.

Today, I want to make them proud, and more than that, I want to give back to all of us who have struggled with abuse, substance use, homelessness, or mental illness. Some of the coping skills I've developed along the way tools that help me survive and thrive — include deep breathing, cold showers, daily exercise, proper nutrition, sleep and hygiene routines, rolling back and forth, positive visualization, affirmations, exploring my goals, learning new habits, focusing on understanding a deeper meaning to my voices, scheduling, self-massage, self-hugs, meditation, therapy, medication, reaching out for support, and even having a companion like

my dog . These small, intentional acts form the foundation of my recovery.



I've had to confront intense ideas — believing I was constantly being recorded for TV, that secret services were trying to erase my identity that aliens were planning to abduct me, that I had entered Heaven's Gate, or that I was trapped in purgatory searching for escape. I feared police, imagined people were out to kill me, and believed I could hear thoughts psychically. At times, I thought God was speaking directly to me, or that I was being groomed to become President of the United States. These experiences

were terrifying, isolating, and confusing, but surviving them has forged resilience and self-understanding I could not have imagined. It is important to recognize that each of us has a unique perspective. We may never fully know someone else and the only perspective we truly have is our own.

But within our own perspective lies incredible strength. Every day we wake up, survive, and try again is proof of courage. Success is the progression toward a worthy ideal. It is the decision to say, "I am going to become this," and then to act toward it, no matter how small the steps. For someone with ADHD, it may mean focusing for just a few seconds longer each day. For someone with schizophrenia or schizoaffective disorder, it might mean exploring the voices in a safe way. For PTSD, it may mean using EMDR or therapy as a resource. For anxiety or depression, it could be taking medication, writing affirmations, or even rolling out of bed when it seems impossible. Every small step is a victory. Doubt and fear can become things of the past or at least recognized so they no longer control us. If we care enough about a result, we can almost certainly achieve it, but we must wish for our goal exclusively, not divided by a hundred other impossible desires.

How can anything change if we continue defining ourselves by the identity, we think we have, or by saying, "Something's wrong with me, or "Things will always be this way"? We become what we think about. Our minds shape our reality. And sometimes, the opportunities we seek are already within our grasp.

7 signs that childhood emotional neglect may have harmed your emotional intelligence

1. You cannot name your emotions. Recognizing and naming emotions is foundational to emotional intelligence. If your parents rarely acknowledged or honoured your feelings, you may have a tendency to react before understanding why. You might find yourself asking, “Why am I upset?” because identifying emotions was never modelled as safe or important in your family.
2. You struggle to regulate emotions. Without self-awareness, emotion regulation becomes very difficult. You might end up experiencing mood swings or emotional flooding or tend to shut down emotionally. Emotional neglect leaves little room for learning how to soothe your own discomfort, perhaps sometimes leaving you oscillating between extremes.
3. Empathy may not come easily. Empathy begins with awareness of your own emotions. If your inner experience was ignored in your childhood, tuning into others may feel foreign. You might struggle to sense how people around you are feeling or respond in emotionally supportive ways.
4. You look to others for approval. Healthy emotional motivation comes from your internal values, not from external praise. When your emotional needs were not met early in life, you may find yourself relying too much on validation from others. That

constant question, “Did I do enough?” can end up guiding your decisions more than your true needs and values.

5. Deep connections can feel awkward. Emotional intelligence supports meaningful social interactions. You might navigate small talk easily, but meaningful emotional discussions feel risky. This discomfort can leave you feeling shut down or awkward when vulnerability is needed most.
6. You may often feel emotionally numb. Feeling emotionally numb or detached is often a coping mechanism that develops when your emotional needs were not met in childhood. It may have felt safer to shut down than to risk being hurt. But over time, this detachment can also block you from feeling joy, connection, and emotional richness.
7. You might experience emotional outbursts. Conversely, suppressing your emotions can lead to sudden emotional eruptions. With too few emotion regulation skills, small triggers can escalate. Those outbursts often bring shame and confusion as they can seem disproportionate to the moment.

Why do these signs remain hidden?

Childhood emotional neglect is easy to overlook, both when it’s happening and in the years that follow. It leaves no

bruises, no dramatic memories, and no single event to point to. Instead, it's defined by what was missing: moments of emotional attunement, comfort, and connection that simply never occurred.

You may remember coming home from school upset, but no one asked what was wrong. Or worse, perhaps they told you to get over it.

Because emotional neglect often happens in homes that appear loving on the surface, its effects are harder to name. You may have had food, clothing, and shelter, yet no one asked what you were feeling or helped you make sense of your emotions.

That absence can quietly shape your brain's development. Studies show that when emotional needs go unmet, it disrupts the growth of core emotional skills like empathy, emotional awareness, and regulation.

So, the signs of emotional neglect—numbness, disconnection, emotional confusion, and discomfort—often don't feel like trauma. They feel like personality traits or private flaws. But they are neither. They are the echo of what you should have received but didn't.

Steps to rebuild your emotional IQ

Rebuilding emotional intelligence takes time and consistent practice. Here's how to begin:

1. Practice naming your emotions daily. Pause throughout the day and ask yourself, "What am I feeling right now?"
2. Practice emotion regulation. Work to notice the early signs of emotional distress. Use deep breaths, self-soothing, support from others, or self-compassion to cope and manage your feelings.
3. Cultivate empathy habits. In conversation, ask yourself, "What is this person feeling right now?" and focus on listening with curiosity.
4. Tap into your internal motivation. Before acting, check in with yourself: "Is this choice aligned with what I truly feel and value?"
5. Try emotional experiments. Share a small feeling with someone you trust or journal about your emotional reactions, even to small events.

The good news is that emotional intelligence is not set in stone. With care and consistency, you can nurture it over time. Step by step, you can reconnect with your feelings, strengthen your inner resilience, and build deeper, more meaningful relationships.

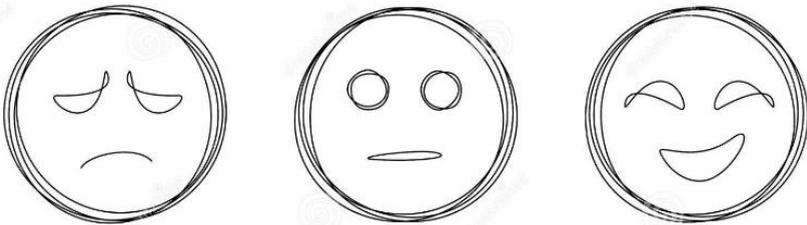
Healing begins with awareness

These seven signs are not signs of failure or brokenness. They are quiet clues that your emotional self didn't get what it needed early on. But that does not mean it's too late. Your emotional intelligence isn't stuck in place. It's something you can grow, nurture, and reclaim.

If any of this resonates with you, I want you to know that you are not alone. This is a healing path you can walk with awareness, compassion, and support.

As you begin naming your feelings, learn to soothe them, practice empathy, and listen to your inner voice, you are not just healing. You are building a new emotional foundation.

It all begins with awareness. And from there, step by step, you can create a more connected, resilient, and emotionally rich life on your terms.



Controlling panic and sudden distress when addressing abuse

Starting to remember and deal with your abuse can lead to distressing feelings. These include:

- high anxiety and panic,
- sudden memories of the abuse forcing their way into your thoughts,
- flashbacks in which you seem to relive the abuse,
- suddenly feeling that you're a boy again, feeling as you did at the age you were abused.
- Suddenly seeing, hearing, sensing or feeling something/someone, which/who isn't actually present.

These distressing experiences may reoccur throughout your recovery, but they can be a particular feature of crisis. When you experience them, you can feel out of control. They appear to come out of the blue, but usually there is something which has triggered them. A trigger can be anything that reminds you of the abuse for instance:

- Sex,
- becoming a parent reminding you of your own childhood,
- having a child who reaches the same age as you when you were abused,
- a sight, smell, sound or touch that reminds you of the abuse, anything that reminds you of the abuser,

- seeing something on TV or in the newspapers about sexual abuse,
- medical procedures or examinations which involved people touching you or seeming to have control over your body,
- any contact you still have with the abuser,
- any relationship which involves someone seeming to have more power than you, e.g. work or therapy,
- anniversaries such as the death of the abuser,
- if you get assaulted or abused again.

In the early stages of remembering the abuse, these triggers and the resulting distress can be the main feature of the crisis.

Sexual abuse can be a terrifying experience. As a boy you may have felt bewildered, powerless and completely alone. Boys are not supposed to feel like this so you may have tried to hide it and appear strong, independent and capable. You had to survive. It would have been hard to go on, feeling scared and without support. But hidden feelings don't just disappear. As you get older, triggers remind you of the abuse and the pain breaks through into awareness. This explains experiences of panic, flashbacks and sudden, distressing sensations and memories.

Self-help for panic and sudden distress.

- Make sure you have someone you can talk to, friends, a counsellor or a support group. Sharing your feelings helps to reduce panic and distress over time.

- Try not to fight against it. You may just get more tense. Whilst it's unpleasant, panic and distress are part of recovery and tend to get less over time.
- Try to avoid situations of overwhelming anxiety, e.g. contact with your abuser or major life changes. It is not always possible. In a crisis, it's important not to put yourself through more terror than you have to. Dealing with unpredictable memories is hard enough without adding more stress.
- Avoid alcohol and non-prescribed drugs. Whilst they will calm you down, they could lead to more problems like addiction.
- Avoid quick decisions. It isn't possible to think straight when you're in distress. Wait until you calm down.
- Avoid driving until you've calmed down. Don't hurt yourself or anyone else.
- Avoid caffeine. It's a stimulant and may make you feel more hyped up.
- Develop a plan with your GP about how you will use prescribed medication for help. It can be useful in the short term but carries dangers of addiction. It's not the long-term answer to dealing with abuse.
- Try to become aware as early as you can that you're experiencing a panic attack/ flashback/ sudden memory/ strange sensations. Stop whatever it is you're doing. Calm yourself. Breathe slowly and deeply.
- Check out reality. You could say your name, your age, the date and the place you're at now. Plant your feet

firmly on the ground and hang on to something, like the arms of a chair. Anything to get the message that the abuse is not happening now.

- Decide what to do next. You could leave the situation causing the trigger, change the situation causing the trigger, continue what you're doing slowly, breathing deeply, reassuring yourself and trying to relax.
- Accept what is happening and experience the feelings. Afterwards try to work out what happened. What was the trigger? How did you feel? Did you learn anything new about your abuse? Share this information with a member of your support team as soon as you can.
- Expect to feel vulnerable afterwards. You have had a scary experience. Get what support and comfort you need.
- Remember that all of this is part of recovery. Many survivors have had these experiences, got through them and got control. It doesn't mean you're going crazy.

We can take a more detailed look at each area adding further tips to the ideas above.

Panic attacks.

Panic is a feeling of extreme anxiety. When you are having a panic attack your body may seem out of control: -

- Breathing becomes fast like you can't catch your breath.
- You get sweaty hands or you sweat all over.

- Your heart feels like it's racing. You may get a hot flush.

You may start to think,

- I'm going to die.
- I'm going to have a heart attack.
- I'm going to collapse.
- I'm going to make a fool of myself.
- I'm not safe.
- Something terrible is going to happen.
- I'm going crazy.

In panic, fast breathing and adrenaline cause a number of unusual physical sensations. It's a bit like the feeling when you go for a job interview or sit your driving test. Only your panic attacks are more likely to be caused by memories of your abuse than anything occurring in the present.

You may try to get away from the situation you're in. Of course, if something really is happening to you, which is frightening, such as you find yourself in a dangerous area late at night, then it's right to feel scared and to try and get away. But panic also occurs when nothing dangerous is happening.

Panic attacks are hard to get rid of, but their frequency can be reduced until they rarely, if ever, occur. You can learn to get through them safely.

Here are some tips: -

- Breathe slowly and deeply. This is especially important in panic. Fast, shallow breathing causes a lot of unpleasant sensations.
- Try to control your thoughts. They can get out of hand in panic. Think up something reassuring you can say to yourself if you feel a panic coming on. Some ideas are, I'm safe, this will soon pass, this is a panic attack, there is nothing, nothing physically wrong with me.
- Sometimes doing something can jolt you out of the panic. This can be anything from washing the dishes to listening to music. Experiment for yourself and see if anything works. Anything is okay as long as it doesn't involve you hurting yourself or anyone else.
- If you panic in a public place, providing you're not in real danger, try not to run away. Breathe, reassure yourself and ride out the feeling. If you escape from the situation, it can be hard to go back later.

Sudden memories

Sometimes, memories of your abuse can pop into your head all of a sudden. There's nearly always a trigger. Often the trigger is sex or touch. You might get pictures in your head of what happened to you. People or things in the picture might seem frozen in time. Usually, you are aware it's a memory. It's still scary but you know that it isn't something that's happening to you now.

- If you don't want to experience the memory now you could try saying 'STOP' to yourself very firmly. That

may cut into the way the trigger causes the memory. This may not work because the memories happen quickly. Also, it may not always be advisable to stop the memory. Though distressing it is a part of recovery and dealing with the abuse.

- Afterwards try to write about the memory. If you don't want to write you could draw a picture representing it or mould something from plasticine. Try to share this with someone from your support team. Memories demand to be heard. The more they are heard the more likely they are to fade over time.
- Memories may be connected in your mind to feelings of shame and blame about the abuse. This is why it's so important to share them with a trusted member of your support team. This breaks the secrecy and gets you support from someone who sees the truth that you were not to blame and the fault for the abuse lies with the abuser.
- Sudden memories can leave you shaky and scared. Always try to balance out the experience by looking after yourself afterwards and by giving yourself special treats. You've had to experience pain and you should also have some pleasure.

Flashbacks

A flashback is a sudden memory of abuse that is so strong it actually seems that it's happening now. Something usually triggers the flashback and it's often touch or sex. Again, you can get pictures in your head, but they seem much more real. You may experience the actual sounds, smells, taste,

emotions that you did at the time of the abuse. You may feel terrified, shocked, numb, in a rage or filled with disgust, depending on what you felt then. You may get some physical sensations in your body. These sensations are sometimes in your genitals or bum. It's like you're back being abused again as a child. It all seems so real it's hard to keep track of what's actually happening in the real world. You may feel completely out of control.

Flashbacks are very scary, but you can get through them and get some control. Some survivors have later described them as a way of retrieving useful information about the abuse they suffered as a child.

Develop a good understanding of which triggers cause you flashbacks. You won't be able to avoid them all. It probably wouldn't be good to block all memories because they are also a useful part of recovery and some you may not want to avoid because they're an everyday part of your life or very enjoyable, like making love, but there may be some that you can avoid. Decide which triggers you will avoid. This will give you some control over the number of flashbacks and the amount of distress you experience.

Coping with panic, memories and sudden distress is very hard and there are no easy answers, but many survivors have experienced them, come through them and established some control. Over time and with support, they've seen this distress reduce. As a child, you actually survived the abuse.

Then, you may have been on your own. Now, as aa adult, you can get support and survive the memories of abuse too.



Mental Health Poem

Before describing to others,
My mental ill health,
I had to go through
A life as sticky as glue.

Before knowing I was ill,
I felt terribly sad, embarrassingly mad
Self-harm got worse
But was my only friend.

Long days, longer nights.
My heart ached,
Whilst voices in my head
Dictated the wounds that bled.
Was this all life had to offer me?

Hospitalisation came next.
Medication, observation, ECT and OT
All thrown at me,
For what? Why?
I wasn't ill.
Return to university, finish what I started.
But the harder I tried, the further my mind parted.

Couldn't stay in hospital,
I ran to be free,
This was not allowed.
Returned to the prison by the police,
As I was an escapee...
And so, life went on.
Found my way "home"

All was not well.
Leaving hospital didn't mean
I was OK to start again.

Self-harming continued,
The blackness within
Deep as a bottomless well.
Life was about popping pills,
Sleeping the days away,
Bingeing, vomiting
Weight ballooning
And still a "loony tune"

Years went by, much the same,
Continual attempts to end it all.
Suddenly life's direction turned
An open door
At a therapeutic community.

Six plus years,
Of learning to talk,
Showing sadness through tears,
A good thing.
'Cos I was running out of skin.
Faced some of my fears
And put some of the jigsaw together.

On my own now travelling
My path of life
Popping pills
Highs and lows,
Voices, hallucinations
Maybe less but always there,
And I guess never to disappear

No self-harm
So lonely, so empty.
My CMHN visits each week,
But sometimes conspiracies in
My head peak
And I can't see anyone.

Life now is better than it was
Still having therapy
To help with my head
Wouldn't say life is swell
But I am alive
My story to tell

WHAT WOULD IT INVOLVE?

Participating will involve an informal interview (~1 hour) either online or in-person in London. The interview will focus on experiences and perspectives on outdoor swimming. All information shared will be anonymised.



ARE YOU AN OUTDOOR SWIMMER WHO HAS EXPERIENCED PSYCHOSIS?

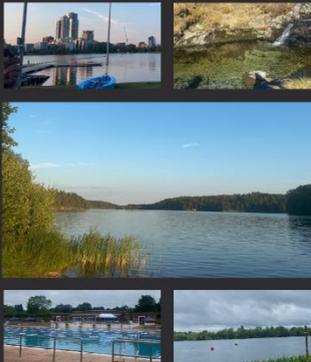
We invite you to take part in a study exploring how people who have lived experience of psychosis engage with and experience outdoor swimming.

Research suggests outdoor swimmers experience multiple psychological and physical benefits, including improved mood and social connection, and reduced anxiety and depression symptoms.

This study aims to explore the views and experiences of people who have experienced psychosis and swim outdoors.

YOU ARE ELIGIBLE TO TAKE PART IF:

- You have experienced psychosis
 - Including, if you have a self-reported history of psychosis, have received professional help for psychosis, or have a present or historic psychosis-related diagnosis
- You swim or dip outdoors at least once a month (e.g., in seas, lakes, rivers, lochs, and reservoirs)
- You live in the UK and speak English
- You are 18+
- You are not currently experiencing a mental health crisis



For further details and to sign up (or ask any questions), please email me on: u2631796@uel.ac.uk

WHY PARTICIPATE?

There will be an opportunity to enter a prize draw to win one of four £25 Amazon vouchers as a thank you

ABOUT THE RESEARCHER:

My name is Sarah Langford. I am a trainee clinical psychologist, completing a doctorate at the University of East London.



[Improving Services & Outcomes for People who Self Harm](#)

THURSDAY 15th JANUARY 2026

VIRTUAL, Online

This conference will look at the latest national developments in self-harm interventions including current initiatives to reduce the gap in service provisions. We will also learn from findings from a report into the influence of social media platforms on self-harm and the impact of the Online Safety Act:

Through case studies and expert advice this conference will explore how we can support people who self-harm by ensuring a compassionate approach, understanding the common causes and drivers, as well as developing safety plans with a path to recovery.

For further information and to book your place visit

<https://www.healthcareconferencesuk.co.uk/virtual-online-courses/self-harm> or click on the title above or email luke@hc-uk.org.uk

Follow on X @HCUK_Clare #SelfHarm

[Reducing and Improving the Use of Restrictive Interventions & Practice: Managing Acute Disturbance, Violence and Aggression](#)

FRIDAY 30th JANUARY 2026

VIRTUAL, Online

This virtual conference will focus on reducing restrictive interventions in line with national guidance and the Care Quality Commission Progress Report on Restraint, segregation and seclusion review. The conference will also update delegates on practical steps to reduce restrictive practice, implement the CQC recommendations, and bring you up to date on legal developments including the Mental Health Units (Use of Force) Act.

For further information and to book your place visit

<https://www.healthcareconferencesuk.co.uk/virtual-online-courses/restrictive-interventions-practice> or click on the title above or email luke@hc-uk.org.uk

Follow the conference on

X @HCUK_Clare #ReducingRestrictivePractice

[CAMHS National Summit 2026: Transforming Mental Health Services for Children & Young Adults](#)

FRIDAY 27th FEBRUARY 2026

VIRTUAL, Online

This national conference focuses on transforming mental health services for children and young people. The conference will support you to improve prevention, access and early intervention, and develop integrated services with clear care pathways from first intervention to crisis and inpatient care. There will be an in-depth focus on how we can improve early intervention through mental health and wellbeing support in schools. The conference will develop your skills to improve outcomes and will include a focus on crisis management, co-production involvement of children and families in CAMHS, inter-agency working, management of online influence, and supporting children in transition to adult services.

For further information and to book your place visit

<https://www.healthcareconferencesuk.co.uk/virtual-online-courses/camhs-national-summit> or click on the title above or email luke@hc-uk.org.uk

Follow this conference on X @HCUK_Clare #CAMHS2026

[Eating Disorders Summit: Improving Access, Treatment & Recovery Outcomes](#)

THURSDAY 12th MARCH 2026

VIRTUAL, Online

This conference focuses on Eating Disorders: improving access, treatment and recovery outcomes, and meeting the national standards for children, young people and adults. We will hear from a lived experience speaker who co-authored a report on the state of eating disorder services and the challenges of accessing specialist care across the country.

For further information and to book your place visit

<https://www.healthcareconferencesuk.co.uk/virtual-online-courses/eating-disorders> or click on the title above or email luke@hc-uk.org.uk

Follow the conference on

X @HCUK_Clare #EatingDisorders

[Recognising and Responding to Deterioration in Mental Health: Preparing for Martha's Rule in Mental Health Settings](#)

TUESDAY 24th MARCH 2026

VIRTUAL, Online

This conference focuses on recognising and responding to deterioration in mental health settings, and looks ahead to the implementation of Martha's Rule in mental health which is now established in the acute sector and currently being piloted in mental health.

This conference brings together leading experts at the forefront of recognising and responding to deterioration in mental health, and learning from implementation of Martha's Rule. Throughout the day, there will be interactive sessions, small breakout groups, and collaborative exercises, providing a dynamic learning experience. The conference will explore implementation of Martha's Rule across mental health wards and in the community and reflect on the recognition of both physical deterioration in people with mental health conditions, and deteriorating mental health including the role of early intervention and averting crisis. A legal update will also be provided.

For further information and to book your place visit

<https://www.healthcareconferencesuk.co.uk/virtual-online-courses/Deterioration-Marthas-Rule-Mental-Health> or click on the title above or email kerry@hc-uk.org.uk

Masterclasses – Virtual Online

Thu, 4 Dec 2025 [Confidentiality Matters: Working Well with Family Carers of People Experiencing Acute Mental Health Crises](#)

Thu, 15 Jan 2026 & Thu, 26 Mar 2026

[Life Beyond the Cubicle Training the Trainers: Training for Healthcare Professionals to Offer Training about Working Well with Families of People Experiencing Acute Mental Health Crises](#)

Thu, 5 Feb 2026 [Safety Planning: Working Well with Family Carers of People Experiencing Acute Mental Health Crises](#)

Thu, 5 Mar 2026 [Language and Communications: Understanding and Developing Effective Communications with Family Carers](#)

Manchester Hearing Voices Group

Thursday 3pm -4.30pm with Paul

Meeting ID 88460268952 Password 375878

Sundays: HVN USA on ZOOM 6:30p - 8:00p USA Time with Cindee.

11.30pm – 1.00 am UK Time Meeting ID 827 5463 8654 No Password Needed

Saturdays Texas USA HVN Meeting on ZOOM

10am-11.30 USA Time with Paul

4pm-5.30pm UK Time

Meeting ID 85737775621 No Password Needed

Families/friends can contact families@usahearingvoices.org for support groups.

Sheffield Hearing Voices & Paranoia Support Group.

The group runs face to face every Monday

11.00am-12.00pm at the Gardner's Rest

105 Neepsend Lane,

Sheffield S3 8AT

Contact peterbullimore@yahoo.co.uk Tel 0759083769

Online Hearing Voices Group in Ireland

An online group for people who hear voices or experience paranoia and unusual beliefs. Please contact

derekpwalsh.dw@gmail.com for further information. The group meet every Sunday at 6.15pm over Zoom.

The group link <https://us06web.zoom.us/j/81086179561>

Unusual beliefs group St Mungo's

Every Thursday 2.30-3.30

93 Shirland Road, London W9 2EL

Contact Helen Claire Taylor (tayloh15@lsbu.ac.uk)

'Talking Heads' Support Group

runs on every first Tuesday of the month at
Brunswick Centre,

Strand Close off Beverley Road

Hull, HU2 9DB

3pm – 4:30pm.

People with voices/visions and unusual beliefs are welcome.

Contact Dan 07816 864727

Doncaster Hearing Voices Group

The Wellness Centre

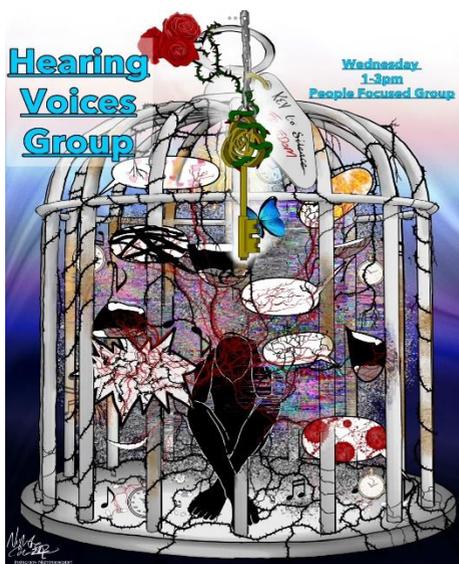
45 Montrose Avenue

Intake

Doncaster

DN2 6PL

Tel: 01302618507



The MuslimVoice.org.uk

At The Muslim Voice UK, we strive to be a dynamic and inclusive platform amplifying the voices, stories, and perspectives of Muslims across the world (we've had attendees from Colorado).

Our mission is to foster understanding within and beyond Muslim communities, challenge stereotypes, and ensure that authentic narratives are heard from a mental health perspective. The Muslim Voice UK invites you to engage, explore, and connect.

Join us. Be part of a movement where voices are heard, stories matter, and change begins.

Info@themuslimvoice.org.uk

Tennessee Voices and Paranoia Collective

Meeting location: Nashville Public Library Bellevue Branch,
720 Baugh Rd,
Nashville,
TN, 37221

Time: Tuesdays at 3:30 starting on March 4th.

The group will be a hybrid meeting. [Join Zoom Meeting](#)

<https://us02web.zoom.us/j/83043345272?pwd=QkVETKEJ5IZtVz32kUa6xXMWvazdpE.1>

Meeting ID: 830 4334 5272

Passcode: 095416

Brave Brothers is a community-led organization with a mission to **redefine men's mental health and wellness**, placing emphasis on suicide prevention, domestic and family violence awareness, and holistic well-being inclusive of voice hearers. The charity strives to **break down stigma**, promote

healthy mindsets, and advocate for integrating mental health into overall wellness. All of this underpins their broader goal of advancing health, social, and community welfare.

The Brave Brothers motto reflects a proactive, compassionate stance: "**listening to and working with men... before it's too late.**" bravebrothers.org



Join us at Butterflies and Beyond. A new weekly peer support group designed for new parents, parent-to-be and anyone who may have experienced birth trauma.

We will provide a nurturing environment for you to share, learn and heal during your parenthood and pregnancy journey.

What to expect:

- A friendly discussion in a safe environment
- Practical support and guidance
- Sharing experiences and challenges
- Building community and connection with other parents

All parents and caregivers are welcome. Bring your little ones along. No registration, just come as you are.

Our first session starts on 1st May. We'd love to see you there. For more information contact. lynsey@peoplefocused.org.uk



A weekly peer support group for new parents, parent-to-be and anyone who may have experienced birth trauma.

Join us in a safe space where you can share your experiences and build connections with other parents.

Refreshments provided. Just turn up

Thursdays - 10-11am

Safespace, People Focused Group
45 Montrose Avenue, Intake. DN2 6PL

For info contact:
lynsey@peoplefocused.org.uk
07592 893137





Now Virtual!

Full Maastricht Training for Voice Hearing

With Peter Bullimore



What is Maastricht?

The Maastricht Approach, created by Sandra Esher and Marius Romme with Voice Hearers in the UK, views hearing voices as a normal experience linked to personal history. It emphasizes acceptance and understanding of these experiences to foster relief and recovery.

Goals of The Approach:

Voice Hearers Will Learn:

- Skills to cope, negotiate, or build positive relationships with voices
- To have pride in their experiences
- To give their voices personal and positive meaning
- To create a life in which the voices become a part
- Skills to make their own choices without being dominated by voices

Training Description:

This training is for providers and supporters to gain insight into the experience of voice hearing and learn strategies for supporting a person to navigate their personal experience with voice hearing.

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