



January Newsletter 2026



Limbrick Centre, Limbrick Road, Sheffield, S6 2PE,
Tel: 07590837694

Email: enquiries@nationalparanoianetwork.org

Website: www.nationalparanoianetwork.org

support@nationalparanoianetwork.org

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

Restoring and Re-storying agency through conversations about prescribed medicines

We are an independent nurse prescriber (Rob) and a systemic psychotherapist (Helena) from an early intervention in psychosis service in the UK. We work with people and their families who see, hear, sense, or believe things that others do not, and are significantly distressed or adversely affected by these experiences. Sometimes these experiences are referred to as psychosis.



Our contribution to this volume grew out of talking with people about their experiences of, and relationship to, their prescribed medicines such as antipsychotics or antidepressants. The use of medicine in the UK follows us from birthⁱ to deathⁱⁱ and underpins our understanding of health and morbidity. The language of medicine itself, such as ‘patient’, ‘side effects’, ‘compliance’, and ‘treatment’ can render people passive, subjugated, “docile bodies”ⁱⁱⁱ, lacking

in agency and purpose. These medicines can bring about distressing and harmful effects^{iv}. They can also be considered to be used as a means of social control^v. The use of medicine can be deemed a sign of failure – for example, by those who advocate for social or psychological approaches, or by those who may view it as passively supporting pharmacological or psychiatric dominance in mental health services^{vi}. However, medicines can also “have a profound effect in opening up the horizons of people’s lives in ways that bring a range of new possibilities for action”^{vii}.

As practitioners, we can also find ourselves caught up in between these often-contradictory ideas and practices about medication which can have limiting effects on our conversations with the people we work with. Here we share some of our experiences of this:

Helena: When people have talked to me about the helpful effects of medicine, I have often felt constrained by polarised professional monologues (e.g., psychological ‘versus’ medical models of distress^{viii}). I might therefore shy away from such conversations, feeling an implicit expectation to seek out alternative (i.e. social-relational) accounts instead, thus shifting away from the person’s subjective experience and risking imposing another ideology in its place.

Rob: On the most part, conversations about medicine focus on their clinical effectiveness; how they might have reduced or improved ‘symptoms’, such as feeling paranoid, having unusual thoughts, or hearing derogatory voices. I think

conversations with the people we work with around what can become possible as a result of these changes are not typical in prescribing practice; sometimes it can feel *good enough* to help someone manage or tolerate their experiences better, and perhaps stop there. Although there is an emphasis on collaboration, safe, and effective prescribing, and there is a practical and valuable professionally-mandated framework^{ix} that can assist us, this approach can potentially close the door to other avenues where we can better understand people's unique relationship with, and use of, medicine.

We found that people had unique responses to both the helpful and adverse effects of medicine based upon their preferences, hopes, values, and commitments. We wondered if assisting people to state a specific purpose or intention, such as re-entering education, might make it more possible for these ideas and initiatives to take hold in their lives. In asking *how* they were 'taking advantage of' or 'choosing to respond' to helpful effects, such as improved sleep or concentration (e.g. spending time with family, developing new skills), or *why* they specifically wanted to reduce adverse effects such as tiredness or weight gain (e.g. to write music, to attend a daughter's wedding), we explored beyond simply what medicine could reduce or improve and began to see how everyone has their own story around medicine. We were inviting reflections upon people's lives and identities in the process, and therefore becoming engaged in an act of

restoring agency through their accounts of their relationship with and use of medicine.

These conversations generated some questions that seemed useful in this process. They are influenced by Michael White's 'statement of position' and 're-authoring' maps of narrative practice^x. They seek to assist the person to experience themselves as someone who is responding to, making the most of, or taking advantage of a helpful effect or change; or minimising or mitigating against an adverse effect or change:

- What is it like taking the medicine(s)?
- Are you noticing any effects (e.g. on your body, emotions, relationships, work, education)? Are they helpful/unhelpful? Do you want more or less of these effects? Why is that?
- What are you doing to take advantage of/minimise these effects?
- How are you responding to this? What are you choosing to do? Did you know that you were doing this? What have other people noticed?
- What does that make possible? Have you chosen to do that or not?

We can then invite reflections upon life and identity, making links to social and relational histories, and then weaving these accounts together to create a richer description and an experience of oneself as an active agent in one's own lives and relationships:

- Why would you prefer to have more/less of these effects?
- How and why has taking advantage of/minimising these effects in this way been important to you?
- Has that been important to you for a long time, or more recently? Can you tell me a story that helps us understand why this matters to you?
- Who else knows about what this means to you?
- If they were to see you doing this now, would it fit with how they saw you back then? What would they appreciate about what you are trying to do here?

Developing these questions has opened the door to some unique, surprising, and moving conversations. We are continuing to co-research these practices with those who use medicine, with those who accompany them in this (including family, friends, or professional helpers), and with others who may have an interest in these ideas. We hope that they will assist people in moving from being the objects of medical practice to subjects, actively forming their own lives.

Article written by Helena Rose (systemic family therapist) and Rob Edwards (nurse consultant)

Published in 2024 in in 'An Encyclopedia of Radical Helping'

Link here for reference: <https://www.waterstones.com/book/an-encyclopedia-of-radical-helping/erin-segal/chris-hoff/9781732066649>

Dealing with voices tips on how to cope with hearing voices

I just want to share with you a bit about my voice hearing experiences. This is my experience but it might be different for you – as all voice hearers are individuals and we all cope with things in different ways.

It took me a long time to work out who my voices were. I thought I recognised them but wasn't sure exactly. Because I was given a label of schizophrenia for a while I thought that meant that the voices were just anybody but then the more, I worked through my issues I realised that those voices were known to me.

The voices that haunt me are the voices of people who have hurt me in the past – adults who I can trust and I feel would still try to hurt me.

I find that staying at home and cutting myself off is the worst thing I can do because the voices have a captive audience. If I switch the TV on to distract myself, I find that it emphasises all the things that don't help like stories about rape and abuse of small children. It's like the TV makes me hear and see stuff I don't want in my head – I can't get away.

So, I need to be active, to distract myself by doing things like cleaning the house or getting out and about.



When I first go out after a period when I have been stuck at home, I find that the voices get worse for a bit before they get better. They tell me to go home so that they control me or tell me how to take an overdose of self-harm. However, I know that if I keep going out the voices will get less.

It's horrendous though because there are more of them, they shout louder than me and they trigger me back into issues of my childhood. They can cause me to dissociate so that I feel like I go back to certain times when I was a child when my abuse was at its worst. So, I start to think and I act as if I were 5 again. This makes it difficult for me to cross roads, I feel frightened of the adults around me, they don't feel trustworthy and I don't know how to get home or to get to someone where I know I can be safe.

This is a very scary experience that can sometimes just last for a short while or up to 4-5 hours or more.

In that time, it is important for me to contact people that I trust because hearing the voices of real people that I trust, that won't lie to me and believe in me, really helps. The more input I get from other people the less airtime the voices get. It's scary to do this and to keep going out but the more I do it the more chances I've got of getting rid of the bad voices.

Trusted people can tell me if what the voices are saying is true and they remind me that I'm an adult now and that these voices can no longer hurt me – they are only voices from the past.

I'm too scared to speak back to the voices I hear because when I've tried it, they seem to speak back with greater ferocity. I need other people to speak back to the voices on my behalf because the voices can't punish them.

The voices can be very threatening when I do reach out for support, but I have to ride the storm.

So, these are the things that I've worked out that help me with my voices:

- Meeting with people that understand me and with whom I can be real helps, so I can talk if I want to or not if I choose.

- Also, it's good for me to have friends who don't talk about survivor issues/voices at all – who I can just be silly with and have 'time-out'
- I've put all my 'safe-people' on speed dial on my mobile phone so I can contact them easily.
- I've got little cards in my wallet with statements that my trusted people have said which contradicts the voices. They remind me of positive things about myself. They are there for those times when I can't get hold of anybody on the phone.
- I try to ground myself. Sometimes it helps if I am needed to be responsible for someone else e.g. a dog, a child, a friend in need – because it helps me to stay adult. When I'm adult I can tackle the voices better and make sense of what they're saying. When I'm not grounded the voices just get worse and if I go into child mode, I think the voices are real and the voices have greater power.

We all need to remember that although our experiences can vary, we can all empathise with each other because we can all relate to the experiences of hearing voices.

Ways to support someone with paranoia

Consider the following tips on what to do or how to respond to someone experiencing paranoia.

Don't deny their experience

“People living with paranoia usually have a severe conviction of being in danger that others don't necessarily share, and hence it can be very threatening

This doesn't mean that the experience isn't real for them, though.

“Challenging one's experiences in a confrontational manner never ever helps,” this may alienate the person or lead them to be more aggressive, argumentative, and eventually agitated and possibly hostile.”

Remembering paranoia isn't a personal choice try and understand it from their perspective

“Partners and loved ones can help people experiencing paranoia feel seen and supported by not denying their experience or telling them their experience isn’t real,”

Finding the balance between not confirming their fears but not denying them either. For example, you can try saying something like “It sounds like you’re really scared right now.”

Be kind and understanding

Offering kindness and compassion can reassure them that they’re supported and going to be OK, even if they don’t feel like it at the moment.

“It’s important to remember that paranoia does not summarize the individual,” “Don’t be afraid to shine a light on what’s beautiful in them to help them cope with intense feelings of insecurity, fear, or disappointment that they might have.”

To do this mention

- their past accomplishments
- recent milestones they've met
- a notable way they made you feel at some point

Educate yourself about paranoia

Learning about paranoia, including what it is and what it isn't, can help you become more informed as someone trying to offer support.

You can do this by:

- reading articles
- reading books
- Looking for support networks

Ask what you can do to help

Simply ask: "What can I do to help?"

Other questions you can ask them include:

- what song they like
- which TV show they enjoy
- what makes them feel better
- what usually soothes them

Once you learn these answers, you can utilize them to help distract or calm down your loved one.

Reassure their safety

The most important thing to do is to help your loved one feel as safe as possible in the moment — physically, mentally, and emotionally.

To do this, try comforting them through their fears or helping them access relaxation and grounding strategies.

You can also “remind them of a similar experience that happened previously where they were suspicious of someone yet they found out that there was nothing to it and ask them if this could be the case now.”

Understanding Avoidance: Why We Do It and How to Stop

Research has linked avoidance to shame and some addictions.

KEY POINTS

- Avoidance is a coping mechanism that children may use when they have no other coping skills. It can become their primary coping strategy later.
- Avoidance is a lonely endeavour. It tends to take you further away from others and your true self.
- You can learn to confront vs. avoid by learning more about childhood emotional neglect and its relationship with avoidance.

You jump at the opportunity to do the dishes at a social gathering so you don't have to interact with others.

You decide not to reach out to a friend you haven't seen in a while in case they won't be happy to hear from you.

You schedule your weekends full to make sure you don't have much down time.

While it may seem appealing to minimize opportunities for discomfort, avoidance is a serious problem many people deal with. Imagine avoidance on a continuum. The more prevalent avoidance is in your life, the more severe an impact it will

have. Research has linked avoidance to shame and addictions, most recently internet addiction (Farkush & Fatemeh, 2022).

Those with significant avoidant tendencies may exhibit some of the characteristics below.

- A feeling of being generally inferior to others with a tendency toward shame.
- Hesitance to try new activities, pursue goals, or meet new people.
- Fear of being criticized, rejected, or judged.
- A concern that others will find them lacking or even unappealing.
- Tendency to keep people at arm's length.
- Tendency to be restricted and somewhat anxious in social settings.

If you're relating to some items on this list, you may have an avoidant style. What's tricky about living a life of avoidance is that avoidance is a lonely endeavour. When you deeply fear rejection due to self-doubt and feelings of inadequacy, it's difficult to share this with others or seek help. So, you persevere, living in a cycle of fear, anxiety, avoidance, and shame.

Childhood Emotional Neglect

To get to the root of why some people become avoidant, we must talk about childhood emotional neglect. Childhood emotional neglect happens when your parents do not respond enough to your emotional needs.

Let's imagine you're a small child and decide you don't want to go to school one day. Instead of being met with an emotionally attuned response like, "Is everything okay? Why don't you want to go to school today?" you are met with an absence of emotional attention or curiosity from your parents.

Growing up with emotional neglect, a child receives an unspoken yet clear message: your feelings are unimportant. You learn *not* to express yourself and to *not* speak up. Even more importantly, you learn to avoid your emotions, the very thing that should be motivating and empowering you.

In an emotionally neglectful family, you may grow up feeling invisible, unworthy, and invalid in an environment that is not safe to feel. When the people in your life who guide and protect you (your parents) teach you that your feelings are irrelevant, you believe them.

Childhood emotional neglect fosters feelings of shame, low self-worth, and—you guessed it—avoidance.

Understanding Avoidance

1. It's a coping mechanism.

Avoidance is your way of coping. If something scares you and you avoid it, you no longer have to face this scary thing. That feels like a win.

2. It was helpful in childhood.

We typically develop our coping mechanisms in childhood. If you experienced childhood emotional neglect, it was probably quite adaptive for you to avoid your emotions. You learned to fit in with your environment. If no one was there to help you learn other, more effective coping methods, you can't fault yourself for being avoidant.

3. It's easy for avoidance to become a part of who you are.

Since emotions make up a large part of our lives and you were taught not to feel, avoidance is something that needs to be done over and over again. It's a solution that seems to work well for you when you have an emotion you don't know what to do with.

4. You get caught in a vicious cycle.

Understandably, you want relief and comfort, but avoiding is an ineffective solution because it leaves you feeling vulnerable and alone.

All these years, avoidance has held power over you and your life. The time is now to take your power back and live your life freely, without the shackles of avoidance.

If you fear something and avoid it, the scary thing doesn't just go away. And so, when the scary thing comes back, and you avoid it again, this time it might feel even scarier, and so on. The more you avoid, the more your fear grows.

5. Underneath avoidance are negative beliefs about yourself.

A deep-seated belief is at the root of avoidance: something is wrong with me. You believe and feel that you are less valid and less important than others. This is a common consequence of childhood emotional neglect.

I hope it's now clear why it can be quite difficult to take risks, socialize, and try new things if you struggle with avoidance. If you don't believe in yourself and were taught that other people don't believe in you either, it's hard to put yourself out there.

There is a way out of this vicious cycle. You may not like it, but it involves confronting what you've been avoiding all this time. It can be helpful to think of it this way: when you first started to avoid, the thing you feared started small. You just didn't have the tools or support to deal with it.

Now, your fear has grown and feels even more frightening because you've been avoiding it. So, you may end up finding that the things you've been avoiding are not so scary after all.

How to Confront vs. Avoid

1. Ask yourself these questions: What did you need to avoid in your childhood home? What was going on that was difficult to deal with?
2. Know that you did the best you knew how as a child. But now, avoidance is not serving you. You can learn and implement much more effective coping strategies.
3. Become aware of your avoidant behaviors. When do you do it? Why do you do it? How do you feel before, during, and after you avoid it? Are there certain emotions you're avoiding?
4. Identify any themes you notice. Maybe you avoid social situations? Work or school? New opportunities?
5. Create a hierarchy. A hierarchy is a system you can follow to make this process easier and more manageable. Identify things you avoid but are willing to confront at the top of the list. At the bottom of your list are things you avoid that would be extremely difficult to face. Start at the top and work your way down.
6. Learn more about childhood emotional neglect and its relationship with avoidance. This is a great way to understand the function behind your avoidant behaviours.

British Muslims' Experiences of Hearing Voices

This study explores how British Muslims make sense of hearing voices, especially when these experiences connect with faith or spirituality.



You can take part if you:

- ✓ Are 18 or older
- ✓ Identify as Muslim
- ✓ Live in the UK
- ✓ Have experience of hearing voices
- ✓ Can speak English

What is involved:

- ✓ Brief screening call
- ✓ One 60 minute online interview on Microsoft Teams
- Your participation is voluntary and confidential
- You may withdraw at any time



To take part or ask questions:

Amarah Adam, University of East London,

Email: U2631764@uel.ac.uk



I'VE LEARNED

I've learned that no matter what happens, or how bad it seems today, life goes on and it will be better tomorrow.

I've learned that you can tell a lot about a person by the way he/she handles these three things: a rainy day, lost luggage and tangles Christmas lights.

I've learned that regardless of your relationship with your parents, you'll miss them when they're gone.

I've learned that making a "living" is not the same things as making a life.

I've learned that life sometimes gives you a second chance.

I've learned that you shouldn't go through life with a catcher's mitt on both hands; you need to throw something back.

I've learned that if you pursue happiness, it will elude you. But if you focus on your family, your friends, the needs of others, your work and doing the very best you can, happiness will find you.

I've learned that even when I have pains, I do not have to be one.

I've learned that every day you should reach out and touch someone; people love that human touch – holding hands, a warm hug or just a friendly pat on the back.

I've learned that you should pass this on to someone you care about – I just did. Sometimes they just need a little something to make them smile.

People will forget what you said. People will forget what you did. But people will never forget how you make them feel.

Sea Glass I Never Chose

The thoughts weren't mine.
They came like tides that didn't match the moon,
pulling at me sideways,
quiet in their certainty,
as if someone else held the map to my mind
and kept redrawing the coastline.

Some days it felt like walking a shore after a storm,
the sand rearranged,
the familiar dragged out to sea,
and in its place sharp, foreign ideas
glinting like sea glass I never chose.

Even footprints beside my own
pressed deeper than they should,
chasing me as if what lived in my head
was visible to something watching overhead,
a gull or a god or nothing at all,
and it felt exposed, unbearably, inexplicably.

I tried to claim those thoughts,
turn them over in my palm,
pretend they belonged to me.
But the edges told the truth.

And under all that salt and overwhelm,
when the sea demanded surrender,
some stubborn part of me held tight —
like starfish clinging to rock,
refusing a tide that called itself righteous
but never asked my name.

I Hear Voices

I hear voices in my head, some are living, others dead.
Thirty-seven years of age, I find myself in this new stage,
Head messed up, feeling rage, locked within a prison cage,
I hear voices in my head, some are living, others dead.

Mental Health the doctors said,
At ten years old I wished to be dead,
This illness, suffered, many years, so much sadness, I'm out
of tears
I hear voices in my head some are living, others dead.

The paths I've tread throughout my life,
Brought me problems, trouble, strife,
I've lost my kids been divorced by my wife,
How I've hated this rotten life,
I hear voices in my head some are living, others dead.

Health services I've been there too,
Most were vague about what to do,
So, take a pill, stay safe and well,
I told them all to go to hell,
I hear voices in my head, some are living, others dead.

I tried to fix this all alone,
The voices return in monotone,
So back to health service I must go,
I want answers, I need to know,
I hear voices in my head some are living, others dead.

Research in dealing with hearing voices

We want to investigate the relationship between how people cope with the experience of hearing voices, their relationship style and how severe/distressing the voices are

1. Who can participate?

- Any gender.
- Age 18+
- English or Spanish speaker.
- Have experienced hearing voices within the last 6 weeks.

2. Why participate?

Your experience could help others!
You would collaborate to improve psychological therapies and recommended strategies for voice-hearers.

3. What to expect?

If you scan the QR code below, you will:

- Receive some questionnaires that will ask you about your voices, how you engage with them, your attachment style (how you tend to engage with others based on your previous experiences), and your mood.
- All information will remain completely anonymous.

4. Who is conducting this research?

I am Trainee Clinical Psychologist who is doing a doctorate with the University of Oxford. As part of my doctorate, I would like to research beneficial strategies for voice-hearers.

5. Do you want to know more?

If you are interested, please scan the QR code. You can also request information without committing to participate by contacting our email address. Thank you!

elena.bragulatmartinez@hmc.ox.ac.uk



Hear my Silence Voice

A little voice inside of me is screaming for help.
Speak to me- I'm still a person.
Like a restaurant, don't be put off by the outside.
I've been packaged, processed, dehumanized enough.
I've merely taken leave of my true self.
In the spin mode of my life cycle
But I'll need help to peg out my life's washing on the line.
We are broken people requiring piecing together again.
We need time invested in us,
Beyond our case notes we exist in our own right,
Having lives outside these walls once too.
Love, Care and encouragement are all we crave.
So don't retreat to your staff room, building barriers,
Drugs alone won't do the trick.
We're all human and all sorts of emotions come with that
package
Left on our own, recovery will take longer.
An asylum for me is a part-time refuge, a crutch while I'm
mending
I don't want to have to walk with it for the rest of my life.
I want to get back to running, jumping and skipping
Living out the gift of life I've been given to the full.
Please help me on my way

Research Participants Wanted!

Have you received a diagnosis of Schizophrenia or a related condition and are interested in taking part in some research?

We would like to include a range of different people in our research looking into how we form beliefs and how beliefs effect the social groups we belong to.

You **MUST** be:
18 years old and over
Fluent in reading and speaking in English
Living in the UK

Phase 1: Screening

- You will be asked to answer some questionnaires
- It will take around 30 minutes
- You might be invited to take part in phase 2

You will be entered into a prize draw for a £20 Amazon voucher



Phase 2: Follow Up

- You will be asked about your beliefs and the beliefs of others around you.
- You will be asked to complete a short game where you have to compare your beliefs to others beliefs.
- This will take around 60 minutes

You will receive a £10 Amazon voucher



Any Questions?

Please email:
Beth Ritchie or Lewis Fry
Trainee Clinical Psychologists

email: beliefsheffield@gmail.com

How do I take part?

Access the weblink:

https://shef.qualtrics.com/jfe/form/SV_6yavImpfgMM1Xts

Scan QR Code:





Nigerian men needed!



Study title: A qualitative study exploring Nigerian men's experiences of Early Intervention Services for psychosis in the UK.

What is the study about?

The study wants to gain a better understanding of Nigerian men's experiences of Early Intervention Services for psychosis.

It is hoped the research will help highlight barriers and facilitators to accessing healthcare support.

What does the study involve?

- A confidential online or telephone interview about your experiences.
- Your information will be used to improve the understanding of Nigerian men's experiences of using Early Intervention Services to support symptoms of psychosis.

Can I take part?

We are looking for:

- Nigerian men including Nigerian migrants and British Nigerians.
- You must have used Early Intervention Services for psychosis within the last 5 years and for at least 1 year
- Are over 18 years old

If you choose to take part you will receive a gift voucher.

Interested in taking part?

If you would like to discuss the study further or take part in the study please contact

Becky Winnard-Ayoade at:

R.winnard@liverpool.ac.uk (Trainee Clinical Psychologist) under the supervision of Dr Anam Elahi, Dr Dung Jidong and Dr Esmira Ropaj.

Participation and data is kept confidential.



Person Centred Risk Assessments in Mental Health

WEDNESDAY 25th MARCH 2026

VIRTUAL, Online

In this conference we will learn from lived experience, research and national developments from leading experts about best practice in mental health risk assessment and safety planning. The focus of this conference will be on the guidance from NHS England 'Staying safe from suicide' which highlights best practice for safety assessment, formulation and management in mental health services.

For further information and to book your place visit

<https://www.healthcareconferencesuk.co.uk/virtual-online-courses/person-centred-risk-assessments-in-mental-health> or click on the title

above or email luke@hc-uk.org.uk

Follow on X @HCUK_Clare #RiskAssesmentsMH

Preventing Suicide in Young People & Children

THURSDAY 16th APRIL 2026

VIRTUAL, Online

This conference which this year will be held virtually focuses on Saving Young Lives – Preventing Suicide in Children and Young People. By attending this conference you will hear from expert speakers on how your services can reduce preventable suicides and save young lives. Through national updates, case studies from multi-agency settings and lived experience insight, this conference aims to set the scene for progress already being made and what

needs to change to improve resilience, wellbeing, mental health support and effectively prevent suicide in children and young people.

<https://www.healthcareconferencesuk.co.uk/virtual-online-courses/preventing-suicide-in-young-people-children> or click on the title above or email aman@hc-uk.org.uk

Follow the conference on

X @HCUK_Clare #savingyounglives

[Improving the Management of Co-occurring Mental Health and Substance Misuse](#)

THURSDAY 23rd APRIL 2026

VIRTUAL, Online

This conference focuses on improving the management and outcomes of people with co-occurring mental health and substance misuse conditions. The day will cover learning from lived experiences and organisations that have improved services, challenging stigmatisation, early intervention and prevention, adherence to the NICE Quality Standard for Co-occurring Severe Mental Health and Substance Misuse and implementing the update to the Quality Standard for Alcohol-use Disorders, effective assessment, assertive outreach and there will be specific case studies on making dual diagnosis services accessible and supporting people who are homeless.

For further information and to book your place visit

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

Follow this conference on
X @HCUK_Clare #DualDiagnosis

Masterclasses – Virtual Online

Thu, 5 Feb 2026 [Foundations of Emotionally Intelligent Leadership](#)

Thu, 26 Mar 2026 [Mental Health Documentation on Trial: How to Write Notes That Stand Up Under Scrutiny](#)

Thu, 23 Apr 2026 [Confidentiality Matters: Working Well with Family Carers of People Experiencing Acute Mental Health Crises](#)

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=QkVETKEJ5JZtVz32kUa6xXMMWvazdpE.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



BraveBrothers.org.au

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



The National Paranoia Network & Telford Neuro SEnTer Present a Two-Day Workshop

How to use the Maastricht Interview for Hearing Voices. A Social & Biographical Approach to Hearing Voices, a Lived Experience Perspective

This workshop provides training for workers in mental health care to work with people who hear voices. The method involves accepting and making sense of a person's experiences and tries to establish a link between what the voices say, and the meaning of their voices related to their life experiences as a means of providing both relief and the possibility of recovery. The workshop also provides an opportunity for the workers to understand the underlying principles of this approach and evidence of success by interviewing people with lived experiences who have been through the interview process.

- To talk to a person who has lived experiences of hearing voices about their experiences in a comprehensive way.
- Have knowledge of different frames of reference about voice hearing in relation to historical evidence and epidemiological data and be able to discuss these.
- Demonstrate competence in the use of the Maastricht interview and recording the experiences of the person
- Understand and be able to identify the role of the interviewer. The interviewer role needs an ability to extract information and be an objective listener, suppressing therapeutic ambitions or comments.
- Demonstrate competence to enable the person with lived experiences, to make a normalising relationship with their voices in which the person feels interest, acceptance, and respect.
- Demonstrate competence in identifying and exploring those strategies that enhance control of their experiences.

Book your place through Eventbrite Here

<https://www.eventbrite.co.uk/e/maastricht-interview-a-social-and-biographical-approach-to-hearing-voices-tickets-1964061149770?aff=oddtcreator>

Held at the Telford Football Club 11th & 12th February 2026 9.30-4pm.

Contact Peter Bullimore for further information

Email: Peterbullimore@yahoo.co.uk



Restoring and Re-storying agency through conversations about prescribed medicines endnotes.

ⁱ M. Prosen and M. T. Krajnc, Perspectives and experiences of healthcare professionals regarding the medicalisation of pregnancy and childbirth. *Women and Birth*, 32, 2, p. 173-181, 2019.

ⁱⁱ G. H. Koksvik et al., Medicalisation, suffering, and control at the end of life: The interplay of deep continuous palliative sedation and assisted dying. *Health*, 26, 4, p. 512-531, 2022.

ⁱⁱⁱ M. Foucault, *Discipline and Punish: The Birth of the Prison*, 1975.

^{iv} R. Whitaker, *Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America*. 2010.

^v P. Conrad, Types of medical social control. *Sociology of Health & Illness*, 1, 1, p. 1-11, 1979.

^{vi} S. Davidow and C. Mazel-Carlton, The pill shaming phenomenon: What's it really about? *Mad in America: Science, Psychiatry, and Social Justice* madinamerica.com/2019/06/pill-shaming-phenomenon-whats-it-really-about, 2019.

^{vii} M. White, Psychotic experience and discourse. In *Re-Authoring Lives: Interviews & Essays*, 1995, p. 117.

^{viii} A. Hart, Pursuing choice, not truth: debates around diagnosis in mental health. *Asylum: The Magazine for Democratic Psychiatry*, 25(3), 19-21, 2018.

^{ix} Royal Pharmaceutical Society, *A Competency Framework for all Prescribers*, 2021.

^x M. White, *Maps of Narrative Practice*, 2007.