NATIONAL PARANOIA NETWORK



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

What are voices and who hears them?

Hearing voices is often thought of as a symptom of a serious mental illness. But research on the experiences of the general population shows that a lot of people hear voices and the majority of them are not mentally unwell. It is a common human experience.

Hearing a voice when no one is present with you or which other people with you cannot hear is considered to be a hallucination. This does not make it abnormal. It's just a word for a perception you may have that is not shared by those around you. You may also see things that others can't see. You may experience touch, smell or taste sensations which you cannot account for in usual everyday ways. Some people may not realise that other people do not have such experiences.

People have many different experiences of hearing voices. Here are some examples.

- It is quite common to hear your name called when there is no one with you. You may look round to see where the voice came from and wonder why you heard it. But if nothing else happens you will probably just shrug it off as ‘just one of those things.’
- You may hear or see things as you are falling to sleep.
- You may experience the voices as being in your head or you may feel that they are coming from outside and heard through your ears like other sounds.

- You may believe that you are hearing other people's thoughts.
- The voices may be louder or more frequent if you are feeling stressed.
- You may experience unkind and threatening voices to tell you to do dangerous or unacceptable things or try and control you.
- You may hear a kind supportive voice.
- Sometimes there may be more than one voice and they may talk or argue with each other.

Why do people hear voices?

It is still very common for people to assume that if you hear voices, you must have schizophrenia and if you hear unpleasant and disturbing voices and see a doctor about them, you are quite likely to be given a diagnosis of psychosis. Sometimes these are the reasons, but there are many other explanations for voices too.

- **Voices as you fall asleep or wake up** - These are called hypnogogic and hypnopompic hallucinations and are to do with your brain being partly in a dreaming state. The voice is likely to call your name or say something very brief or you may hear other brief sounds such as a telephone ringing. You may also see strange things or misinterpret things you can see such as seeing a coat on a hook as a person

standing in the doorway. These experiences usually stop as soon as you are fully awake.

- **Lack of sleep**
- **Hunger -** You may hear voices if you are very hungry or if you have anorexia nervosa and are starving yourself.
- **Physical illness** - If you have a high temperature and have become delirious, you may hear voices and see or say strange things.
- **Drugs -** You may hear or see things as a result of taking certain street drugs or as a side effect of some prescribed drugs. You may also have these experiences when you are coming off drugs.
- **Bereavement** - If you have recently lost someone very close, you may hear them talking to you. You may also feel that they are with you, even though you cannot see them. This experience is very common and can be comforting, especially in the early days of bereavement.
- **Abuse or bullying -** If you have experienced abuse, you may hear the voice of the person who abused you, undermining you and ordering you to harm yourself or to do things you know to be wrong. This is especially so if you experienced the abuse in childhood, at an age when you had not learned the coping skills you needed to protect yourself or you were never given any chance to learn such skills.
- **Other traumatic experiences** - You may hear voices as a result of other traumas, such as accidents or major natural disasters. You may be diagnosed with

Post Traumatic Stress Disorder, (PTSD.) Hearing several different voices may be associated with traumatic experiences and may also be associated with dissociative disorder. It may be a way of coping with trauma by separating yourself from it.

- **Spiritual experiences -** Some people experience a voice as part of a spiritual experience. You may experience your voice as that of an angel, a mystic or sage. This may be a very special experience for you and you may feel that it helps you make sense of your life or you may feel that you are possessed by an evil spirit and that is the voice you can hear.
- **Mental health problems -** You may hear voices if you have a diagnosis of psychosis, schizophrenia or bipolar disorder or you are severely depressed.

How can hearing voices affect me?

You may hear voices and be quite used to them. They may not trouble you at all.

If you hear friendly and supportive voices, you may welcome them and would miss them if they stopped. They may make you feel better and encourage you.

If you hear voices which are unkind, tell you to do things that are wrong, or criticise and undermine you, you are likely to be very upset by them. You may feel threatened by the voices and feel forced to do as they say. You may feel like

they are controlling you and stopping you from doing things that you would really like to do. They probably interrupt your thoughts, make it very difficult to concentrate or hold a conversation and may become very difficult to tolerate, generally dominating your life.

If you have been hearing unpleasant and critical voices for a long time and felt dominated and controlled by them, you will probably have very low feelings of self-worth. You may feel that you can't even think your own thoughts and you deserve to be shouted at and it's impossible for you to stand up to anyone, never mind your voices.



Your psychiatrist may see voices as the result of an illness and not as a result of difficult experiences which have made you feel powerless. If you are told that you have a medical condition and given a diagnosis and a medical treatment that treats the voices or ignores them, this may reinforce your feelings of powerlessness. Being told that you have a serious mental illness which may affect you for the rest of your life may make you feel that you can never recover.

You may also be very reluctant to talk about your voices even to your friends and family because you are worried that you will be seen as seriously ill.

Voices become a problem not so much because you hear them but because of your relationship with them.

My voices are a problem, what can I do?

Get support.

If you are finding hearing voices a problem then learning to understand your voices can help, but it is much better to do this with support than to try and do it on your own. The first thing to do is find someone who also accepts that your voices are real and is able to support you. This may be a hearing voices group, another person who hear voices or it may be a mental health worker, counsellor, psychologist or psychiatrist. It doesn't matter who they are as long as they accept your voices and understand what you are doing.

Accept what is happening.

- The main organisation helping people who hear voices is the Hearing Voices Network. They suggest you need to accept your voices - they are real.
- Your voices come from you and belong to you.
- Your voices are related to your life history.
- Accept yourself as who you are, with your voices.

Understand your voices.

When you have found a safe, supported way of working, you can start asking yourself questions such as,

- What was happening when I first heard voices?
- Where was I?
- How was I feeling at the time?
- What did the voices say?
- What did they sound like?
- Aggressive or threatening or pleasant?
- What age were they?
- A young child, a teenager, an older person?
- Who do the voices represent?
- What problems do the voices represent?

Answering some of these questions may help you to gain an understanding of the voices. Some people find it helpful to keep a diary of their voices, what they say, tone of voice and so on, and this helps to accept and identify them. As you gain more insight into where your voices are coming from in relation to your own history, you should feel more in control of them and better able to stand up to them. You may even be able to tell them that you don't need them anymore and they can go - and find that they do. You may simply develop a better relationship with them so that they no longer interfere with the way you live your life or prevent you from making your own choices.

Take control of your voices. There are other ways that you may be able to get more control of your voices without necessarily exploring the story behind them in depth.

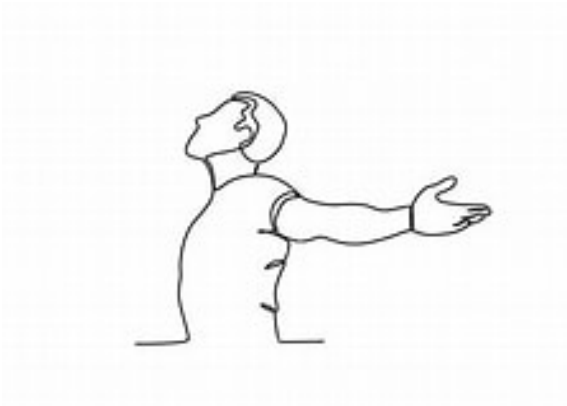
- You may try to ignore the voices or block them out or distract yourself by listening to music on headphones for example.
- You may agree to have a dialogue with them or tell them you would like to wait before doing what they say.
- If you have more than one voice and some are helpful and others not, you can ignore the nasty ones and focus on the nice ones.
- You may control them by giving them times when you will listen to them and times when you will not.
- You may stand up to them, telling them that they have no power over you and ignoring their commands and threats.
- If you find yourself losing touch with reality when your voices just won't go away, you can try and ground yourself by taking in your immediate surroundings or doing a simple task like watering a plant or washing up. This reminds you to stay with what is really happening and not get taken up with what is going on in your head.

Try out the 'recovery approach.'

The recovery concept in mental health has a different meaning from the normal use of the word 'recovery.' It has developed from the work of the Hearing Voices Network and means

- living the very best life you can with the life experiences you have had and the consequences of them, even if these are long term or recurrent mental health problems.
- Building your resilience and well-being and focusing on the things you can do rather than those you may no longer be able to do.
- Making our own choices and being our own person.
- very importantly, maintaining hope.

Recovery is also regarded as a journey rather than a destination and includes accepting that you may have setbacks. This does not mean you have failed, you are learning more about yourself and what you need to do differently.



International survey on electroconvulsive therapy (ECT) finds that most patients and relatives report that it either makes no difference or makes things worse.

Call for ECT to be suspended.

A team of researchers, including three recipients of electroconvulsive therapy (ECT) and three clinical psychologists, have conducted the first ever international survey of people who have had ECT. 1,144 patients and family members, from 44 countries, responded.

The first two papers from the survey are being published this week.

The first[1] was published today.
http://dx.doi.org/10.1111/inm.70109

Efficacy was measured in five ways. On all five measures, most recipients, and most relatives, reported that ECT either made no difference or made things worse.

The paper's Abstract reports:

> 'The majority of ECT recipients (55% to 71%) received either no benefit or a negative outcome on the five measures.

> The percentages reporting some benefits were: helped the problem for which ECT was given - 45%; improved mood - 41%; 'helpful' overall - 41%; improved 'quality of life' - 29%; reduced suicidality - 33%. …. The findings were consistent with responses from family and friends.
>
> It is striking that nearly half (49.1%) reported that their quality of life was made 'much worse' (21.6%) or 'very much worse' (27.5%) by ECT. A partial explanation of this alarming outcome is that quality of life encompasses the adverse effects of ECT alongside any benefits.
>
> In conjunction with the absence of evidence that ECT is more effective than placebo, and the known long-term adverse effects on memory, these survey findings lead us to recommend an immediate suspension of ECT in clinical settings pending independent large-scale placebo-controlled studies to determine whether ECT has any effectiveness relative to placebo, against which the many serious adverse effects can be weighed.'

First author Dr John Read, Professor of Clinical Psychology at the University of East London, comments.

> 'There have been no placebo-controlled studies of ECT for depression since 1985. No studies show that ECT has any benefits at all beyond the end of

> treatment. Our findings, from the largest survey ever conducted suggests that claims that ECT is effective are, at best, unproven and, at worst, misleading.'

Co-author Lisa Morrison:

> 'Patients should be told it only works for a minority of people and even then only temporarily. We should also be told that they don't actually know how it works. As an ECT recipient I have permanently lost precious memories of my children's birthdays and many other milestones in their lives. It's devastating. The worst part is nobody ever told me this could happen. We deserve the same rights as every other person'.

Co-author Sarah Hancock, another ECT recipient:

> 'Patients are rarely told that there is little or no evidence that ECT is more effective than placebo for depression. I wish this, and ECT's risks of injury and absence of medical or rehabilitation interventions (in the event of injury) post treatment, had been made known to my parents when I was catatonic.'

The second paper[2], on what patients were told before having ECT, will be published in the Journal of Medical Ethics

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1 Read J, Johnstone L, Hancock S, Harrop C, Morrison L, Cunliffe S. (2025). A Survey of 1144 ECT recipients, family members and friends: Does ECT work? *International Journal of Mental Health Nursing.* http://dx.doi.org/10.1111/inm.70109

2 Read J, Harrop C, Morrison L, Hancock S, Johnstone L, Cunliffe S. (2025). A large exploratory survey of electroconvulsive therapy recipients, family members and friends: What information do they recall being given*? Journal of Medical Ethics*. doi: 10.1136/jme-2024-110629



Now Virtual!

Full Maastricht Training for Voice Hearing

With Peter Bullimore



Peter Bullimore
Chair of the National Paranoia Network

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.

Reserve Your Seat Now!
20 Spots Open

$250/ Person - Sliding Scale Available. Contact Us for More Information.

bit.ly/413C0kR

Dates:
9/23/25
9/24/25
11/10/25
Attendance is Required for all Sessions

Time:
9:00 AM - 5:00 PM

Location:
Virtual Through Zoom

Earn 21 CEUS!

Email kgreen@advocacyunlimited.org

John Ellis a big supporter of the National Paranoia Network

Nottingham Healthcare NHS Foundation Trust would like to shine a light on Technical Instructor, PD Care Steam Peaks Unit, Rampton Hospital, following feedback from a patient.

"John is a perfect example of someone who goes that little bit further. One example of this is when he agreed to change his shift at a patients request, in order to be available to run an activity on a day when nothing would have ran. As you can imagine, this makes a massive difference on the lives of patients, both on my unit and across the hospital. While his job is mainly enabling gym and activities, he has also done a large amount of work on a hospital wide 'Equality, Diversion and Inclusion' project. The centre point of the event was a handmade tree which was creatively decorated with faces made by patients and staff, representing their own area of diversity. At the base of the tree roots, we could see the trust values underpinning the tree growth. One of the main aims of the day, alongside EDI awareness was to demonstrate that whatever our background or whatever makes us individuals, we all share the same needs - to be loved, respected, accepted and acknowledged."



Supporting each other

Navigating the mental health system has been a defining part of my life since childhood. From a young age, I found myself in and out of programs, hospitals, and therapy offices, trying to understand myself while professionals tried to fit me into categories I didn't belong in. I've lived my life learning how to survive in a system that often doesn't know how to hold space for people like me — people who hear voices, see visions, experience paranoia, and hold beliefs that don't always align with mainstream ideas of reality.

When I was 19, I started hearing voices for the first time. That moment changed everything — not just how I understood myself, but how the mental health system treated me. The more I spoke openly about my experiences, the more I was seen as "sick." My truth was constantly questioned, my reality discredited. If I saw or heard things the doctors didn't, or if my beliefs didn't match theirs, I was seen as a problem to be fixed — not a person to be understood.

Through all of this, one thing became painfully clear: there were no support groups or spaces in my area — Tennessee — specifically for people like me. I wasn't the only one navigating these experiences, yet I often felt alone because the system wasn't built for us. The available resources rarely centered the needs of people who hear voices, experience visions, or live with paranoia in ways that aren't

automatically labeled as illness.

That's why Will and I decided to create this support group together. We wanted to build the space we had both been searching for — a space where people could come together, speak their truth without fear, and be met with understanding instead of judgment. This is not a clinical space. This is a space built on mutual aid, where we support each other as equals, not as patients or clients.

Together, Will and I are working to build something we hope will grow into a strong community. A community where people can talk openly about what they experience without being told they're broken or wrong. Where paranoia, voices, visions, and different beliefs aren't seen as symptoms — they're seen as part of who we are.

Our goal is simple: to create a safe, welcoming space where no one has to hide who they are. A space where we can support each other, share our stories, and explore what it means to navigate the world when you experience reality differently.

We deserve that. And we hope this group becomes a place where none of us ever feel alone again.

— Zero

Tennessee Voices and Paranoia Collective



TNVPC is a peer led support group open to individuals who hear voices, experience paranoia and/or have visions.

There is no diagnosis required. This is a non-clinical space where individuals can give and receive support, understanding and connection without judgement or labels.

Email:
TNVoicesandParanoiaCollective@gmail.com
for zoom link.

Childhood Emotional Neglect

Childhood Emotional Neglect, or CEN, is common and invisible in our world today. It happens when you grow up in an environment where your feelings go unacknowledged. When your parents ignore your emotions, you learn to ignore your emotions, too. You enter adulthood disconnected from your feelings because you were never given the opportunity to learn the invaluable emotion skills.

Emotions are your greatest gift, but are futile if you aren't taught how to properly use them. Imagine being gifted a large sum of money at birth. If your parents don't teach you how to properly save and invest, your money can easily slip through your hands. You don't intuitively know what to do. You need someone to show you the way. The same idea applies to emotions. So, now, since your parents weren't able to teach you, let me be your guide.

The 7 Invaluable Emotion Skills

1. **Become aware.** Living in the world today poses quite a challenge. With so many distractions pulling our attention toward the external world, we tend to rarely focus inward on ourselves. And that's the first step of building your emotion skills. You won't find your emotions outside yourself. They live within you, waiting to be acknowledged. Each experience you have registers in your body. Awareness of what's happening inside lays the foundation for all other emotion skills to take place.

2. **Identify and name.** Once you understand that emotions reside in your body and you start to notice and feel your emotions inside, you're ready to label your feelings. This can take some patience as you begin sorting out the nuances of each emotion: where you feel it, what sensations you have, and which emotions have similar or different qualities. Once you differentiate among feelings like joy, sorrow, fear, and anger, you can get even more specific. Instead of simply identifying that you feel "good," what word can best describe your internal experience? Do you feel relaxed? Pleased? Reassured? Attentive? It's important to pinpoint exactly what you feel.

3. **Accept and validate.** Do you ever get mad at yourself when you have an emotion you don't like? Do you ever regard your feelings as a sign of weakness? As a child, were you told that you were overreacting when you expressed your feelings? If so, you're at risk of judging, rejecting, and even shaming yourself and your emotions. If this is the case, see if you can offer your feelings some curiosity, openness, and compassion. Look at each emotion as holding an important message you'd like to receive and understand.

4. **Learn the story.** By now, you have noticed your feelings in your body, identified what it is you feel, and accepted your feelings. Next, think about why you may be feeling this way. Old feelings frequently get activated by something

happening in the present. Let's say you just had a big, angry reaction toward a friend. It can be helpful to think about why this is bothering you right now, but also other times when you had similar feelings. Because if you never processed them with emotion skills, these feelings have been stored in your body, easily rising to the surface without your awareness or understanding.

5. **Sit with it.** Imagine that each time you practice these emotion skills you're sitting on a bench with the emotion. You are getting to know it a bit better. But if you get up and leave the bench before it's done sharing with you, your emotion stays stuck on the bench. It needs you to stay with it. This can be quite challenging when your emotions are intense, unpleasant, or painful. It's common to get off the bench when it seems like too much, attempting to push it down with distractions like food, shopping, drinking, or whatever else might help it go away. But that doesn't work! Stay on the bench until you have gained understanding.

6. **Manage it.** Every emotion is important and needs to be heard, but not all feelings are helpful or should be acted upon. Remember that you are the one in charge. You get to decide what to do next. Consider the message your emotion is telling you. Is it healthy? Is it healthy to do what it's telling you? Or does this emotion just need understanding and validation without

action? You don't get to decide what you feel, but you are the one who decides what you do with your feelings.

7. **Express it.** Maybe your anger told you that you need to speak up for yourself, your joy told you that you should continue with a certain activity, your fear told you to protect yourself, or your guilt told you to apologize. People sometimes attempt to take action or verbalize their feelings before they've done the previous steps, creating more confusion or distress in their relationships. The more you understand yourself and your feelings, the better you'll be at expressing yourself to others.

Using the Emotion Skills to Change Your Life

Let's think about the seven emotion skills and you. Were you ever taught these skills? Do you use one of them, some of them, or all of them? Are some easier or harder to practice than others? How are you feeling as you learn about them? You can start practicing right now and use the skills to explore some of these feelings.

I hope you recognize you have great power inside of you in the form of your feelings. So many people don't know this and feel powerless as a result. Your miraculous battalion of emotions is waiting to be discovered. All you need to do is turn inward. And listen.

KING'S College LONDON

Do you have experience of hearing negative or abusive voices?

We are doing research to **understand more about what can make it easier or harder** for people to share what their voices say.





We are looking for people:

- aged **18 years** and above;
- who had experienced or are currently experiencing **distressing voices**;
- and can talk about their experiences.

This study will involve a **brief questionnaire** and a **1-hour individual or group interview**, either via Teams or in person, with a researcher.





You will be **reimbursed £25** (bank transfer or voucher) for your time taking part in the study.

For more information, please contact **Sofia Loizou**
sofia.3.loizou@kcl.ac.uk

Scan me!

KCL Ethics Ref: HR/DP-24/25-45733

Adolescence Unfiltered: Tackling the Impact of Social Media on Young Minds

THURSDAY 2nd OCTOBER 2025

VIRTUAL, Online

The rise of social media has dramatically altered the way young people experience the world. From toxic content that can be accessed in seconds to the pressure of influencer culture, adolescents are navigating an increasingly complex digital landscape. This conference brings together healthcare professionals, educators, and policymakers to explore the effects of social media on young minds and how we can support youth in a hyper-connected world.

Following recent concerns around online safety and mental health, the focus on addressing the risks posed by social media is becoming urgent. Attendees will learn how

harmful content spreads among young people and practical strategies to support them through these challenges. The conference will examine topics such as body image, online radicalisation, addiction, and the parental disconnect in the digital age.

This event is designed for healthcare professionals, educators, mental health practitioners, and policymakers who are working to mitigate the negative impacts of social media on young people's lives.

For further information and to book your place visit

https://www.healthcareconferencesuk.co.uk/virtual-online-courses/adolescence-unfiltered or click on the title above or email aman@hc-uk.org.uk

Follow on X @HCUK_Clare #Adolescence

Preventing Suicide in Young People & Children

WEDNESDAY 12th NOVEMBER 2025

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:

For further information and to book your place visit

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

Follow the conference on
X @HCUK_Clare #savingyounglives

A Practical Guide to Effective Non-Medical Prescribing in Mental Health

WEDNESDAY 3rd DECEMBER 2025

VIRTUAL, Online

In March 2025 the NHSBSA reported a further increase in the prescribing and dispensing of mental health medications in England.

This conference will look at national developments in non medical prescribing in mental health, improving and maintaining prescribing competence and the use of the national prescribing competency framework in mental health. The conference will update delegates on the July 2025 new NMC Principles for Advanced Practice, and the implications of the recent 10 year plan for health which prioritises the use of pharmacogenomic insights in mental health prescribing. Extended sessions will focus on developing your skills as an effective non medical prescriber and case studies will demonstrate established practice in non medical prescribing on acute inpatient wards, for dual diagnosis, early intervention in psychosis, forensic mental health, learning disabilities and physical health monitoring. The conference will also look at developing non medical prescribing including auditing your prescribing practice, deprescribing,

involving people in prescribing decisions, prescribing decision making and supporting the expansion of non medical prescribing practice in mental health.

For further information and to book your place visit

https://www.healthcareconferencesuk.co.uk/virtual-online-courses/non-medical-prescribing-in-mental-health or click on the title above or email aman@hc-uk.org.uk

Follow the conference on
X @HCUK_Clare #NMPMental

Delirium Prevention, Assessment and Effective Management

THURSDAY 4th DECEMBER 2025

VIRTUAL, Online

This conference focuses on the prevention, assessment and management of people with delirium. Through national updates and practical case studies the conference will equip you to spread the message that delirium is preventable, and develop your skills in the recognition, assessment and management of delirium. The conference will include case study sessions focusing delirium as a symptom of coronavirus and how this should be managed, delirium and dementia, delirium following surgery, delirium in the ICU and delirium at the end of life. There are also in depth sessions focusing on managing violent or aggressive behaviour in patients experiencing delirium and the link between delirium and pain.

For further information and to book your place visit

https://www.healthcareconferencesuk.co.uk/virtual-online-courses/delirium-prevention-

assessment-and-effective-management or click on the title above or email aman@hc-uk.org.uk

Follow the conference on
X @HCUK_Clare #NHSDelirium

Eating Disorders in Boys and Men: Improving Recognition and Reducing Stigma

FRIDAY 5th DECEMBER 2025

VIRTUAL, Online

Eating Disorders have increased among people of all backgrounds and while the prevalence among men and boys has often been underrepresented, recent statistics from NICE and others have shown that a greater focus will need to be given.

In this conference we will look at the contributing factors to eating disorders in men and boys including social media, weight loss medications and masculine body ideals.

We will also be hearing from professionals who work in eating disorder services and learning how they navigate the challenges of gender stereotypes and societal stigma preventing men and boys from receiving treatment. The conference will include the lived experience of men who have experienced treatment for eating disorders in the healthcare system.

For further information and to book your place visit

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

Follow this conference on
X @HCUK_Clare #EatingDisordersInMen

Information Sharing in Adult Safeguarding: Applying Caldicott Principles in Adult Safeguarding, Domestic Violence & Mental Health

FRIDAY 5th DECEMBER 2025

Virtual Online

This conference focuses on effective information sharing in adult safeguarding. Case studies will focus on applying the Caldicott Principles in Adult Safeguarding, Domestic Violence, working with the Police, information sharing in emergency situations and working with Vulnerable Adults in Mental Health services.

The conference will also cover mitigating safeguarding risk through access to records which is becoming more important with the 2025 10 year health plan for England

ambition to give patients real control through a single, secure and authoritative account of their data, transforming the NHS App into a world leading tool for patient access, empowerment and care planning. Safeguarding issues will need to be considered within this.

For more information https://www.healthcareconferencesuk.co.uk/virtual-online-courses/information-sharing-in-adult-safeguarding or email aman@hc-uk.org.uk

Follow this conference on X @HCUK_Clare #CaldicottSafeguarding

Becka Miller

Marketing Administrator

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For news and event updates follow us on Twitter: @HCUK_Clare for healthcare | @SCUK_Kerry for social care | @EDUK_Joanna for education

For online Hearing Voices & Paranoia Support Groups, join our online group meetings on ZOOM.

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 07590837694

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

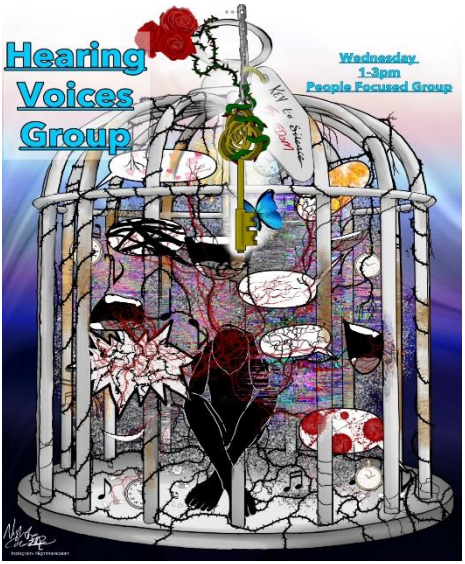
Every Thursday 2.30-3.30

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 Muslim Hearing Voices Group
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=QkVETKEJ5lZtVz32kUa6xXMWvazdpE.1

Meeting ID: 830 4334 5272
Passcode: 095416

Maastricht Interview Training for Hearing Voices & Problematic Thought Beliefs & Paranoia Is available online and face to face from the National Paranoia Network. Training available…

- How to use the Maastricht Interview for Hearing Voices & Problematic Thoughts
- Beliefs & Paranoia
- Working through Paranoia
- Making Sense of Hearing Voices
- Working with Childhood Trauma

Training can be delivered across the world.
For more information and costings email
peterbullimore@yahoo.co.uk