

**Newham Asian Women's Project**

**Everybody Hurts**

**Post Conference Report**

**14 March 2007**

**The Barbican, London**

---

*"It is a way of coping and people should really see that people give up hope... They don't believe in themselves anymore, they don't have that self-esteem in them." (Young Asian Woman, Aged 19, Redbridge & Ilford)*

*"Self-harm – it's my thing for now that no-one can take away from me."  
(Young Asian Woman, Aged 22, Newham)*

**Contents:**

1. Introduction \_\_\_\_\_ 3

2. Strategic Framework \_\_\_\_\_ 5

3. Painful Secrets \_\_\_\_\_ 6

4. Everybody Hurts \_\_\_\_\_ 8

5. Keynote Address \_\_\_\_\_ 9

6. Report of the National Inquiry into Self-harm Among Young People \_\_\_\_\_ 10

7. Key Conference Findings \_\_\_\_\_ 12

    Round Table 1 \_\_\_\_\_ 12

    Round Table 2 \_\_\_\_\_ 12

    Round Table 3 \_\_\_\_\_ 13

    Round Table 4 \_\_\_\_\_ 14

8. Conference Recommendations \_\_\_\_\_ 15

    Next Steps \_\_\_\_\_ 15

    NAWP's Ongoing Commitment \_\_\_\_\_ 15

Appendix 1: Roundtable Facilitators \_\_\_\_\_ 17

Appendix 2: Speaker Biographies \_\_\_\_\_ 18

Appendix 3: Contact Details \_\_\_\_\_ 23

## 1. Introduction:

1.1 Newham Asian Women's Project (NAWP) was set up in 1987 to tackle the issue of domestic violence within the Asian community. In 1987, NAWP opened a 16 bed hostel to provide emergency accommodation for Asian women escaping violence. Over the years, NAWP's services have been strategically developed to offer a holistic approach to the difficulties experienced by Asian women. Today, the project has four refuges across London and a range of related support services including a training department – aiming to get women back into education and employment; a mental health project - including the option of receiving counselling in all of the main South Asian languages, a youth project and a legal advice service all of which aim to meet the specific needs of Asian women and girls.

1.2 This is the report of the conference held in March 2007 to launch two new resources: *Painful Secrets – A qualitative study into the reasons why young women self-harm* and *Everybody Hurts – A training DVD on young people and self-harm*. The young person led conference was set up to bring together the expertise of those working and/or living with the issue of self-harm and provided the opportunity to push the boundaries of our understanding of self-harm and ways of working with it. The conference brought service users and professionals together, challenging the notion of the 'expert' and gave service users the opportunity to have their voices heard. This specialist conference was designed to be outcome focused, and participants were asked to identify key priorities/recommendations.

This report contains a summary of conference keynote speeches, summaries of each of the four workshops presented, an analysis of lessons to be learnt, key messages and contacts for further details. The report is being launched in the context of recent announcements demonstrating the continual national drivers to ensure that support for those who self-harm is improved and recognition of the government's concern of growing levels of self-harm amongst young people.

1.3 The conference was held at the Barbican Centre, London and was attended by 160 people. This report will present an overview of the research entitled 'Painful Secrets: A qualitative study into the reasons why young women self-harm', 'Everybody Hurts - A training DVD on young people and self-harm', key points and plan of action.

Dr. Aisha Gill opened the conference by discussing its origins and purposes and highlighted the current context within the health and education sectors that we are operating in. The plenary presentations included the Keynote speech provided by Lord Kamlesh Patel of Bradford OBE delivered in his absence, Kamna Muralidharan, who presented the research findings of *Painful Secrets*, Catherine McLoughlin who summarised the findings of the *National Inquiry into Self-harm Among Young People* and survivors/service users who participated in the research and DVD shared their experience of self-harm and the support they have received.

The conference included speakers from a range of backgrounds from the public, private and third sector coming together along with young people to discuss the findings of the report and ideas for taking the recommendations identified by young people forward. So what were the key issues of the day?

A significant part of the day focused on the reasons why young people self-harm and the attitudes they have encountered when seeking help. The day was designed to be interactive and participants had many opportunities to ask questions, both to service users as well as to professionals.

Four workshops were presented by a range of service users and professionals with experience of engaging with the service user movement, conducting research, developing and delivering training as well as providing therapeutic support.

It is not possible to reproduce all the valuable information gained from plenary presentations and workshops in this report. However, readers are encouraged to contact workshop facilitators directly as listed at the back of this report.

Finally, it was intended that the planning, organisation and delivery of the conference should mirror good practice and identify lessons to be learnt in working together effectively on self-harm matters across a range of social groups as well as across a range of services. The conference title, *Everybody Hurts* reflects Newham Asian Women's Project's commitment to drawing on the lived experiences of service users in order to learn together and jointly contribute to better services, support and training for all those who come into contact with mental health services. We hope this report will contribute to the development of knowledge and support the dissemination of good practice in this area.

## 2. Strategic Framework:

*Everybody Hurts* was a landmark for Newham Asian Women's Project. The conference saw the launch of two new cutting edge resources but also was the first young person led conference of its kind. The planning and delivery of the conference fits directly in line with *Every Child Matters*, 2005 which aims to improve the outcomes for all children and young people, specifically looking to give children and young people a voice and putting forward the views of the most vulnerable children and young people in society.

In addition, the resources launched, *Painful Secrets* and *Everybody Hurts* are tools that will directly support young people but are also initiatives that will build on existing work and will help to improve the capacity of professionals and organizations, and push for improved multi-agency working.

The five outcomes identified in *Every Child Matters* are directly addressed through the work carried out at Newham Asian Women's Project. The underlying philosophy in relation to self-harm and young people adopted is that self-harm is the symptom, not the cause. As a result, our outcomes demonstrate a commitment to improving the health, safety and education opportunities for young people in an environment that is fun and conducive to learning.

Our outputs are evidence of the innovative and creative methods we adopt to achieve our target: reducing the rates of self-harm among young people and contributing to the National Suicide Prevention Strategy which aims to reduce the suicide rate in England by at least a fifth by 2010.

The *Everybody Hurts* conference is a reminder and call for all those committed to working to improve the outcomes for children and young people to take responsibility and push for more opportunities to listen to young people's voices. The conference brought individuals, agencies and service users together. We hope *Painful Secrets* and *Everybody Hurts* will allow for continued engagement with these difficult issues and allow us to demonstrate good practice in partnership working and in the ways we work with young people.

### 3. **Painful Secrets:**

3.1 The *Painful Secrets* report was published in March 2007 by Newham Asian Women's Project. The report was a qualitative study carried out across five East London boroughs to understand the reasons why young women self-harm, between the ages of 11-25.

#### **Key Findings:**

Based on interviews and focus groups, we found that a variety of environmental and personal factors impact on the emotional health of young women between the ages of 11-25. These included domestic violence, racism, bullying, family and home life, education, work/employment, sexual abuse and the experience of being a refugee.

Family and home life, education, work/employment and racism were the most common factors amongst the sample group – testimony to the difficulties these issues raise for adolescents and young people, regardless of class or ethnic background.

While the issues impacting on the emotional well-being of young women were not significantly different between ethnic groups, the research findings do show that young South Asian women face a number of barriers that make accessing support increasingly difficult. The male privilege within South Asian communities, the significance of being part of a tight community and family honour or *izzat* were identified as playing powerful roles in young South Asian women's experiences.

The additional pressures impacting on young South Asian women make non-fatal deliberate self-harm one of few accessible options in the management of their distress, allowing them to maintain privacy while providing a method of release.

These research findings support the need for service provision and specifically mental health service development to address the needs of, and refrain from further isolating, black and minority ethnic women from accessing support. Policies like *Women's Mental Health: Into the Mainstream* and *Inside Outside* engage race, gender and mental health, making a case for viewing mental health in the context of gender bias and racial discrimination, recognizing the institutionalisation of these attitudes and acknowledging the need for services to work at a variety of levels to address the impact on service user experiences.

Research findings in *Painful Secrets* echo the findings of NAWP's first piece of research in 1998 – *Growing up Young, Asian and Female in Britain*. It is of great concern that the same issues are being raised again ten years on: young people want safe housing, access to appropriate and culturally specific support, quality medical care and non-judgmental service provision.

With this conference we hope to raise once again the voices of young people. Key actions that we remain committed to and will work towards include providing culturally

specific mental health services, offering cultural awareness training to school staff, youth workers and parents, continuing to provide early intervention/prevention services that work to equip young people with the skills they need to cope positively with distress and continuing to challenge notions of patriarchy and femininity that exist within our communities. This report is also a call for action – we look forward to partnership working and to raising awareness of the needs of young people and to see lasting change occur.

*Painful Secrets* was funded by The Camelot Foundation and contributed to The National Inquiry into Self-harm and Young People, published in 2006.

A full copy of *Painful Secrets* can be purchased by contacting Newham Asian Women's Project on 0208 472 0528 or at [info@nawp.org](mailto:info@nawp.org)

#### 4. **Everybody Hurts:**

4.1 Having secured funding from The Diana, Princess of Wales Memorial Fund, in 2006, NAWP launched a national self-harm project. Since the launch of the project, we have worked extensively to consult with young people and professionals across England, Scotland and Wales on the issue of self-harm.

The consultations have since formed the base of a unique awareness raising DVD focusing on self-harm and young people. The resource has been written, produced, filmed, directed and acted in by young people in collaboration with The Mouth That Roars (a film production company working with and training young people in video production.)

*Everybody Hurts* addresses a number of key issues including: what self-harm is; why people may self-harm; the common myths and stereotypes; some of the key issues affecting young people who may be self-harming; the different ways that people can be supported as well as how people could support themselves and a charter of recommendations produced by young people for care givers/professionals and policy makers.

*Everybody Hurts* has been developed to be viewed by individuals as a medium of support as well as to act as either a stand alone training tool or one that would compliment any training on the issue of self-harm. The DVD is aimed to raise awareness and de-stigmatize the issue of self-harm but also to provide young people with knowledge about the issue in a manner that is non-judgmental or threatening. *Everybody Hurts* is intended to also support professionals and lead to better support for young people who may be self-harming.

This DVD provides an opportunity for young people who are self-harming to share their experiences, tell us what support they want, what works and what doesn't. We hope *Everybody Hurts* reinforces the message that young people who are self-harming are trying to cope, that they want to live and they are asking for support in being able to do so. Negative stereotypes and judgements about self-harm and those who self-harm are still rampant.

Newham Asian Women's Project remains committed to challenging the myths and stereotypes surrounding the issue of self-harm and will use the dissemination of *Everybody Hurts* as a means of moving the debate along, finding ways of working that are appropriate, safe and developed in conjunction with service users.

To organise a screening of *Everybody Hurts* in your area or to purchase a copy of the resource, please contact: Newham Asian Women's Project on 0208 472 0528 or at [info@nawp.org](mailto:info@nawp.org)

## 5. Keynote Address – Professor Lord Kamlesh Patel of Bradford OBE (Head of the Centre for Ethnicity and Health):

Due to unforeseen circumstances, Professor Lord Kamlesh Patel of Bradford OBE was unable to be at the conference. His speech was delivered in absentia.

Professor Patel highlighted that the findings in *Painful Secrets* resonate strongly with issues at the heart of the Delivering Race Equality (DRE) programme. The DRE is a national government programme for improving the experience of Black and minority ethnic communities in the mental health system. Central to improving this experience is recognition of the impact of demographic, economic and social characteristics on the mental health of Black and minority ethnic communities. Professor Patel pointed out that this growing area of concern is sadly neglected by research. As a result, *Painful Secrets* provides welcome insight into the needs of young South Asian women. In particular, he highlighted the finding in *Painful Secrets* that states that while the issues affecting emotional well-being amongst young women were not significantly different between ethnic groups, young South Asian women do face a number of barriers that make accessing support increasingly different. Professor Patel stated that this is a constant theme in all of the research undertaken into the mental health needs of a wide range of Black and minority ethnic communities. Serious issues about the lack of access to, experience of and outcome from mental health services amongst Black and minority ethnic communities are raised time and time again, most recently now in *Painful Secrets*. As evidenced in the report, these can be even more pronounced for South Asian women who face additional barriers.

Professor Patel also acknowledged the progress and commitment that is being made to improve the experience of mental health services for Black and minority ethnic communities, in particular, initiatives such as DRE which identified as one of the early priorities that services should be addressing suicide prevention amongst Black and minority ethnic communities. However, progress, he maintains, is still painfully slow. As *Painful Secrets* makes clear, we still need to be doing more to make services available and culturally sensitive. This does mean recruiting and employing a range of staff that reflects the local communities and not just in mental health services themselves but in places like A & E which are often the first point of call for young people who are self-harming.

DRE has started to address training in cultural sensitivity and competence for the mental health workforce, but as *Painful Secrets* points out we also need cultural awareness training to be made mandatory for school staff, youth workers and parents.

In particular and especially for an issue such as suicide prevention and self-harm there is a need for effective early intervention and prevention services. Professor Patel endorsed the call for schools and after-school youth groups to adopt prevention programmes that raise awareness, build confidence and self-esteem in young people, allowing them to find positive coping strategies. He also supported the evidence in *Painful Secrets* for community-based women's organisations to do this work, alongside faith and other community groups. Commitment must be made to fund, resource, support and develop services and real community groups to be part of our mainstream provision. *Painful Secrets* helps us to better understand the issues of this vitally important area

## **6. Truth Hurts: Report of the National Inquiry into Self-harm among Young People – Catherine McLoughlin.**

The National Inquiry was set up in partnership between the Camelot Foundation and the Mental Health Foundation to better understand self-harm – what it is, how common it is among young people, how to prevent it and how to better respond to young people who self-harm.

The National Inquiry gathered information in a number of different ways. A panel was set up that reviewed feedback from young people consultation sites, in addition to an interactive website that was designed. The panel also met with individuals and organisations working in the field while the inquiry commissioned key pieces of research.

The inquiry defined its use of self-harm as “describing a wide range of things that people do to themselves in a deliberate and usually hidden way, which are damaging.” The inquiry’s focus in particular was cutting behaviours, burning, banging, hair-pulling and self-poisoning.

### **Key Findings:**

- There is very little hard evidence about how common self-harm is; or why young people start to self-harm. The Inquiry estimated that 1 in 12 young people in the UK have experience of self-harm
- Self-harm is a symptom rather than the core problem – It is a way of expressing underlying emotional pain. Any successful strategy for responding to self-harm must be based on this understanding
- There are many reasons young people start to self-harm
- School-based work appears to be promising areas where prevention of self-harm can be successfully tackled
- Young people prefer to talk to their peers for support / advice
- Social isolation makes self-harm worse – many young people said that what they had wanted was someone who will listen, respect them and offer help
- The reaction a young person receives when they disclose can have a critical influence on whether they go on to get the help they need
- Family, friends & professionals need help and support to respond in a way that helps the young person
- Wide range of services on offer for young people across the UK, with promising outcomes – however, There is a need to evaluate what approaches really work, so that they can be widely adopted
- Young people want a range of options, a one size fits all approach will not work
- Self-help is critical – successful distraction techniques should be treated as positive step. There is much that young people can be done without “medicalising” the problem
- Need for wider recognition that “recovery” means different things to different people

- Need for frank discussion between young people & professionals about what are the objectives of the support / advice available and importantly how the young person wants to move forward
- No 'quick fix' – long slow process.

## **7. Key Conference Findings:**

Participants had the opportunity to come together and share examples of good practice, generate discussion and engage in dialogue with service users on key aspects of self-harm. These included:

- Policies, procedures and legal responsibilities
- The role of the media in reporting self-harm
- Strategies to optimise dissemination of information and raising awareness of self-harm
- Alternative therapies and strategies/interventions to minimise harm.

### **Round Table 1: Self-harm in relation to policies and procedures and legal responsibilities and concerns**

Some of the key comments/points made by the participants included:

- A recommendation was made for professionals to have increased flexibility with regards to confidentiality to best suit the young person but also to fill the needs of statutory requirements of agencies.
- It was suggested that training for young people as well as professionals was paramount to explain procedures, legislation and statutory requirements.
- Service users and professionals suggested that parents needed to be trained on self-harm: how to identify the signs and how to support their child.
- It was observed that self-harm is a community issue. For many this could mean difficulty in accessing support - due to language barriers or fear of services but it could also mean that for some young people, the 'community' was the source of their problems.
- Guidelines for professionals should be written in collaboration with agencies and service users, not the government. In addition, these should be made appropriate for different age groups. Guidelines should fit within the legal framework and in order to be inclusive, should use a multi-agency approach.
- Child protection legislation should take precedence, including over the Mental Health Act, where for example, a child is so depressed and cannot make decisions about their treatment.
- First Response Team can provide advice in confidence for professionals.

### **Round Table 2: Self-harm in relation to the media; information and resources and awareness raising**

Some of the key comments/points made by the participants included:

- 'Safe Reporting'. Have to work with the media to de-sensationalise headlines. Phrases like, "It's like an epidemic", 'slashing', 'burning' do not address the underlying issues. The media must view reporting on issues like self-harm as a balancing act.

- Media needs to be more mindful of language used in reporting on self-harm. For example, “attention seeking”. These types of notions/labels prevent people from accessing support and need to be challenged. Participants called for more responsible journalism.
- Use of images in the media – young people should be encouraged to create their own art. Self-expression is healthy and creates images that speak to us.
- Information sharing - it was suggested that service users should try to break down the ‘them vs. us’ barrier. Professionals do agree that they don’t have all the answers and that we need to work together.
- Websites were suggested as a source of information where it is possible to obtain different perspectives, books, voices of clients/self-harmers. On the other hand, it was also recognised that websites allow for a liberalisation of information ‘sharing’ and questions were asked as to the safety of these websites. For example, some websites are amateur and message boards are full of ways to injure yourself. Images on websites may trigger and promote an urge to self-injure. At the same time, participants also talked about how self-injury is a coping mechanism but promotes self-empowerment.
- Resources/Training tools such as *Everybody Hurts* DVD could be distributed to a wider audience by putting it on YouTube, mobile phones and TV.

**Round Table 3: Self-harm in relation to alternative therapies, harm minimisation and models of good practice.**

Some of the key comments/points made by the participants included:

- Professionals should not assume a link between self-harm and abuse.
- Practical support is usually very important for people who are self-harming; focus should not be only on medical support.
- It was noted that harm minimisation is based on the recognition of the therapeutic need to self-harm.
- Harm minimisation is not stand alone – individuals may still need emotional/psychological help.
- ‘Minimising harm’ may be more useful term for practitioners to work with rather than ‘harm minimisation’ as it is never safe, harm is harm.
- Recovery means many different things – it’s individual, it’s about regaining a sense of ‘self’.
- The emphasis on diagnosis creates a negative impact on the patient and their self-harm. It forces patients to fit into a label and determines what support is offered. Instead we should be using plain language to explain self-harm and look at an individual’s needs without diagnoses.
- Practitioners however feel relieved when someone who self-harms is given a diagnosis as it helps them move on and take responsibility to do something about it.
- Alternative therapies like CBT, DBT and anti psychotic drugs encourage the thinking that everyone who self-harms must have a borderline personality disorder and as a result, need to be fixed rather than addressing how they can cope.

- Alternative therapies should include for example: massage, physiotherapy, support dogs, art and music which increase one's quality of life.

**Round Table 4: Facilitated by young people who have had experiences of self-harm. The round table was aimed at generating dialogue and debate on key issues and themes identified by young people around self-harm.**

Some of the key comments/points made by the participants included:

- Participants talked about being surprised at the young people's stories they'd heard and at the fact that most young people expressed that they just wanted to be accepted, and that they weren't looking for a solution.
- Participants expressed frustration at having received solution focused training and having to work towards the outcome focus in their line of work.
- Professionals were concerned as to how to work in schools if young people have negative experiences with teachers, as many young people reported high levels of racism in schools
- Using counselling and theatre/drama – helps people's confidence to grow. One young person talked about taking a play about self-harm into Catholic schools. Why can you talk about it in a play and not in a workshop? It's about teaching teachers how to react to self-harm.
- Young people pointed out that they need to be listened to. Don't look at the file, look at the person and treat them as individuals.
- Look at how self-harm is portrayed in the media.
- Professionals should learn from service users.
- Keep holding events like this
- Training for head teachers and governors was recommended
- Continuity of care – ability to access different services. People should be given a choice as to what kind of support they will receive.
- User involvement and user choice were seen as fundamental to service planning and delivery.
- Young people talked about wanting support for parents who don't speak English

## 8. Conference Recommendations:

- Development of holistic self-harm policies and protocols that are based on a multi-agency approach. This will take into consideration child protection issues, legal responsibilities and will be service user focused.
- Work with media to encourage safe reporting of self-harm. Encourage service user involvement with the media to portray real voices. Develop self-harm campaigns that are safe and accessible.
- Develop strategies that reduce/minimise harm.
- Encourage the use of alternative therapies that improve individual's quality of life and do not emphasise 'diagnosis'.
- Ensure service user consultation and involvement in developing approaches/services.

## Next Steps:

Newham Asian Women's Project as facilitators of the East London Self-harm Forum will lead on bringing together various agency policies around self-harm and develop a holistic policy that reflects individual service user needs as well as statutory responsibilities and child protection concerns.

We will also continue to raise awareness and deliver self-harm and cultural awareness training to raise awareness and challenge the myths and stereotypes surrounding self-harm.

*Everybody Hurts* will be disseminated widely across England, Scotland and Wales.

Newham Asian Women's Project will take the findings of *Painful Secrets* forward to raise awareness of the barriers young women face in accessing support around self-harm.

Newham Asian Women's Project will use our Self-harm Newsletter to challenge the language used when reporting on self-harm and will highlight the diversity of individuals' experiences.

## Newham Asian Women's Project Ongoing Commitment

The workshop discussions highlighted a number of issues of great importance to a national mental health development strategy. No one organisation is responsible for addressing all of these issues. Some of them relate to funding, others are within the control of mental health services. Organisations like Newham Asian Women's Project are in a prime position to take some of these recommendations forward. For example, as frontline organisations who are also community based we provide services in schools, youth groups and to other local faith and community organisations. We are also leading on bringing together other agencies to develop holistic strategies nationally that take into account the needs of black and minority

ethnic communities. At the forefront of all the services we deliver is our commitment to challenging the myths and stereotypes surrounding self-harm and mental health issues in general.

However, we continue to operate in a climate of short term funding, where we are fighting to provide essential services for the emotional well-being of our service users. In addition, we are faced with having to stream-line our funding proposals within a narrow framework, while we aim to provide a holistic service that raises awareness and empowers women and girls.

## **Appendix 1: Roundtable Facilitators**

### **Roundtable 1: Self-harm in relation to policies and procedures and legal responsibilities and concerns.**

Lucy Palmer (Royal College of Psychiatrists)  
Melinda Gray (Bristol Crisis Service for Women)  
Marion Davidson (Newham Local Safeguarding Partnership Board)

### **Roundtable 2: Self-harm in relation to the media; information and resources and awareness raising.**

Nick & Wedge (LifeSIGNS)  
Dr. Rowan Myron & Christina Vasiliou (Mental Health Foundation)

### **Roundtable 3: Self-harm in relation to alternative therapies, harm minimisation and models of good practice.**

Louise Pembroke & Sara Stanton (Together Service User Directorate)  
Jane Bunclark & Diane Russell (Crisis Recovery Unit, South London and Maudsley Foundation NHS Trust)

### **Round Table 4: Facilitated by young people who have had experiences of self-harm. The round table was aimed at generating dialogue and debate on key issues and themes identified by young people around self-harm.**

Anam Ali  
Andrew Chandler  
Ayesha Jehan  
Satveer Nijjar  
Simon Jenkins  
Solomon Oyemade  
Amanda Morrison (Off-Centre)

## **Appendix 2: Speaker Biographies**

### **Dr. Aisha Gill**

Dr Aisha Gill (B.A., M.A., PhD (University of Essex) PGCHE); is a Senior Lecturer in Criminology at the University of Roehampton. Her main areas of interest and research are health and criminal-justice responses to violence against Black and Minority Ethnic (BME) women in the United Kingdom. She has been involved in addressing the problem of violence against women for the past decade. She is currently the Chair of Newham Asian Women's Project, management committee member of Imkaan (second tier national VAW charity); member of Liberty's Project Advisory Group and End Violence Against Women Group (EVAW). Gill has also served on numerous government committees on so-called "honour" killings, forced marriages and has challenged politicians to be more inclusive of BME women's voices in policy-making concerning gender-based violence and human rights. Her current research interests focus on missing women, violence and femicide. She has also published widely in referred journals

### **Kamna Muralidharan**

Kamna Muralidharan graduated with a research degree in Social Anthropology of Development from the School of Oriental and African Studies in London. She has conducted research at Newham Asian Women's Project looking at the reasons why young women self-harm. She has delivered self-harm training developed by the organization to professionals working with young people. She currently works as a Community Development Worker at Newham Asian Women's Project promoting positive mental health in the community through work with faith and community based groups in Newham. Kamna also volunteers as a Mental Health Act Manager for the East London & City NHS Trust.

### **Catherine McLoughlin CBE**

Catherine McLoughlin trained as a general and psychiatric nurse during the 1960s.

She held senior management posts in mental health services for approximately fifteen years and then from 1977 worked as the deputy to the area nursing officer in Oxfordshire where she was involved in the opening of the John Radcliffe Hospital. She then became Chief Nursing Officer at Paddington and North Kensington District where she remained for five years.

With the introduction of general management, Catherine accepted the position of General Manager at Haringey Health Authority. Her last full time post in the National Health Service was as Director of Nursing/Deputy Chief Nursing Officer for England and in the Department of Health.

Catherine retired from the National Health Service in 1990 on health grounds and since then has held a number of chairmanships in health and charitable organisations. These have included Chairmanships of Bromley Health Authority, Age Concern Bromley, St George's Healthcare NHS Trust and the NHS Confederation.

In 1998 Catherine was awarded a CBE for Services to the National Health Service.

At present Catherine is Chair of the National Inquiry into Self-Harm among Young People, Chair of Age Concern England, Chair of the National Network for the Arts in Health, Chair of the Nurses' Welfare Service, Chair of the Nurses' League St George's Hospital and Chair of the Clinical Disputes Forum.

### **Satveer Nijjar**

Satveer Nijjar is a 25 year old young woman who has been involved in various projects as a person with life experience for the last five years.

Satveer is a Steering Group member at the Royal College of Psychiatrists and has been involved in re-developing the NICE guidelines for self-harm. Satveer is currently working alongside ASHRAM Housing to produce a DVD about the barriers facing 2<sup>nd</sup> and 3<sup>rd</sup> generation South Asian women and the impact these can have on their mental health.

Satveer spends the rest of her time as a doting mother to 6 year old Zaina.

### **Lucy Palmer (Royal College of Psychiatrists)**

Lucy has been managing the 'Better Services for People who Self-Harm' national quality improvement programme since August 2005. The programme team supports service users and staff from emergency services to work together to implement best practice standards of care. So far, they have surveyed over 500 service users and received almost 2,000 staff questionnaires. Lucy has been working at the Royal College of Psychiatrists' Centre for Quality Improvement for over 5 years and previously managed a national quality network for in-patient child and adolescent mental health services.

### **Melinda Gray (Bristol Crisis Service for Women)**

Melinda's role at Bristol Crisis Service for Women is to manage the Helpline, recruit, train and support helpline volunteers (currently 40 volunteers). She has been working at BCSW for 3 years. In 2006 Melinda was the key driver for the organisation to achieve the THA Helpline Quality Standard. Part of this was to create and implement policy and procedures for the helpline that have created consistency, stability and safety for both volunteers and helpline callers. Before BCSW her background was in training, counselling and Human Resources.

### **Marion Davidson (Newham Local Safeguarding Children Partnership Board)**

Marion joined the London Borough of Newham in 1985 as a lunch time supervisor; she then became a Welfare Assistant in a primary school and then a Senior Education Welfare Officer. Marion presented cases in court when parents failed to ensure satisfactory school attendance and gave advice and training to schools on child protection.

Marion joined the Children and Young People Service, (formerly Social Services) 3 years ago as the Development Officer for the Area Child Protection Committee, which is now called the Local Safeguarding Children Board (LSCB).

Marion's work involves delivering child protection training and advice to various agencies and organising and delivering projects and campaigns on accident prevention and child safety across Newham community.

Marion compiled a training pack on 'Don't Shake the Baby' and has delivered awareness training to over 7,000 students and parents across Newham, for which she won the Council Staff Award in September 2005.

### **Nick (lifeSIGNS)**

Nick joined the Management Committee of LifeSIGNS as a Director in 2006.

He has three years' experience working for charities and voluntary organisations. In 2003 he trained to become a volunteer for Nightline, a student-run listening service, at the University of Durham. In 2006 he became the Executive Training Officer of National Nightline, a nationwide charity dedicated to encouraging mutual support and information sharing between Nightline initiatives at universities across the UK.

Nick has personal experience of self-injury, although he is currently self-injury free. His main area of interest is in raising awareness of self-injury through training, although he is also interested in raising awareness of self-injury on a political level and in male experiences of self-injury.

### **Wedge (lifeSIGNS)**

Wedge is a founder member of LifeSIGNS, and is passionate about raising awareness about self-injury and emotional distress.

Wedge manages the LifeSIGNS website and our communications, with LifeSIGNS members and the media.

Wedge relied upon self-injury in the past, since then, he has battled with depression and anxiety and sought professional support, so as to be free of self-injury.

### **Dr Rowan Myron (Mental Health Foundation)**

'Dr Myron is a child psychologist whose research expertise focuses on bullying in schools, pathways to aggressive behaviours and mental health and wellbeing. She has taught child psychology, researched and published in this area for the last 10 years. She now works for the Mental Health Foundation with the research team that produced 'Truth Hurts' the national Self Harm enquiry.'

### **Christina Vasiliou BSc.Hons, MSc. (Mental Health Foundation)**

Christina trained in Research Methods, Statistics & Neuropsychology. Christina began by working with children who have learning & behavioural needs and mental health problems

in the mainstream education sector in 2001. She then went on to work as a psychologist in the NHS adult mental health care sector and worked in the field of Young Onset Dementia while undertaking related research projects. Christina then joined the Mental Health Foundation in 2004 where she has since been working in collaboration with other team members & external partners on developing a stream of work focusing on the mental health & wellbeing of Children & Young People (CYP). Finally, Christina has project managed various CYP projects such as the Pan London Homeless Study & the Youth Crisis Site Evaluation.

### **Louise Pembroke (Together Service User Directorate)**

Louise Pembroke is a survivor activist with first hand experience of self-harm and hearing voices. She has worked in local and national user groups over the last 20 years. She is a former chair of Survivor's Speak Out, and the founder and former chair of National Self Harm Network. Her book, *'Self-Harm: Perspectives from Personal Experience'* [Survivor's Speak Out] was short listed for the 1994 Mind Book of the Year Award.

She is co-author of the *'The Hurt Yourself Less Workbook'* [NSHN] which was the first self-management workbook by and for people who self-harm. Louise organised the first national UK conference on self-harm with service users as the keynote speakers in 1989 and spoke at the first conference of Dutch service users in Utrecht in 2000. Louise organised the first harm-minimisation conferences for service users in 1999 and the resulting book, *'Cutting the Risk'* [NSHN] is the first book on harm-minimisation. Last year, Louise has organised the first harm-minimisation conference for health care workers [Pavilion Publishing].

Louise is consulted by a wide range of health and social care service providers, course tutors and students. In 2005 she produced a dance DVD and accompanying booklet [Mind Publications] about her experiences of hearing voices, which was selected by the M1 Singapore Fringe festival 2006 and screened at the Royal College of Psychiatrists annual conference.

Louise instigated the first World Hearing Voices Day in 2006, which saw hearing voices networks across the world offer talks and events to raise awareness of non-medical thinking and approaches to hearing voices. Louise is currently chairing the self-harm/minimisation working group hosted by Together.

### **Sara Stanton (Together Service User Directorate)**

Sara Stanton has direct and personal experience of self harm and is a psychiatric refuser. She actively chooses not to use mental health services after various admissions and treatment from the age of 15. She has come to the conclusion that in terms of her experiences of distress, the psychiatric system is of little help, and on many occasions has made her distress worse. She has been involved in survivor activism since the early 90s. She currently works for Together within the Service User Directorate in London. She has worked extensively in a range of mental health settings and as a freelance trainer. She has a particular commitment to education and learning and breaking down the various barriers that exist for people who

wish to access courses of learning and training. Within her work at Together, she is working with survivor activists and service users to establish a new campaigning group around self harm and harm Minimisation in order to provide a mechanism for people with personal experience of self harm to have a direct voice around these issues. When not working, she is a member of the Hearing Voices Network and Enfield and Haringey athletics club. In her spare time she is a keen athlete who runs very fast over sprit hurdles and is currently addicted to “*Los!*”. She lives in NW London and has a cat called Toby who is very patient with her!

### **Jane Bunclark (Crisis Recovery Unit, South London and Maudsley Foundation NHS Trust)**

Jane Bunclark MA, MSc, RMN, RGN. Clinical Nurse Leader at the Crisis Recovery Unit. Jane set up the unit with Dr Michael Crowe, which took its first patients in 1992, and has since gained a national reputation for its pioneering work in this field. Jane is particularly interested in overdoses and how the anxiety of self harm impacts upon organizations and teams.

### **Amanda Morrison (Off-Centre)**

Amanda Morrison was born in Scotland, and brought up on a farm near Edinburgh. After leaving school she went on to train as a fine artist, and exhibited work in a number of joint and solo shows before moving to London. There she started a long and varied career in magazine publishing, until fate stepped in and redundancy enabled her to return to her first passion – art – although this time as an art therapist. Amanda went back to Edinburgh to do a Post Graduate Diploma in Art Therapy, and a year later completed her MSc. This research was based on work undertaken in Northern Ireland with primary school children who had suffered trauma and bereavement. Amanda was invited to present three case studies at the Art Therapy Summer School held by Queen’s University, Belfast and also ran experiential groups there. She returned to London in 2003 and worked at Goldsmith’s as the Co-ordinator of the Group Psychotherapy course. Since 2004 she has worked as an art therapist at Off Centre in Hackney, working with young people aged between 13 and 25. Self harm is an area of particular interest.

### **Appendix 3: Contact Details**

#### **Camelot Foundation**

University House  
11-13 Lower Grosvenor Place  
London  
SW1W 0EX  
**T:** 0207 828 6085  
**F:** 0207 828 6087  
**E:** [info@camelotfoundation.org.uk](mailto:info@camelotfoundation.org.uk)  
**W:** [www.camelotfoundation.org.uk](http://www.camelotfoundation.org.uk)

#### **Centre for Ethnicity and Health**

**T:** 01772 94 567  
**W:** <http://www.uclan.ac.uk/facs/health/ethnicity/general/aboutus.htm>

#### **Royal College of Psychiatrists**

17 Belgrave Square  
London  
SW1X 8PG  
**T:** 0207 235 2351  
**F:** 0207 245 1231  
**W:** <http://www.rcpsych.ac.uk>

#### **Bristol Crisis Service for Women**

PO Box 654  
Bristol  
BS99 1XH  
**T:** 0117 927 9600  
**Helpline:** 0117 925 1119  
**E:** [bcsw@btconnect.com](mailto:bcsw@btconnect.com)  
**W:** <http://www.users.zetnet.co.uk/bcsw/leaflets/bcsw.htm>

#### **Newham Local Safeguarding Partnership Board**

Broadway House  
322 High Street  
Stratford  
E15 1AJ  
**T:** 0208 430 2000  
**F:** 0208 430 4891  
**E:** [marion.davidson@newham.gov.uk](mailto:marion.davidson@newham.gov.uk)  
**W:** [www.newham.gov.uk](http://www.newham.gov.uk)

#### **LifeSIGNS**

**T:** 07950705258  
**W:** <http://www.selfharm.org/index.html>

**Mental Health Foundation****T:** 0207 803 1101**F:** 0207 803 1111**E:** [mhf@mhf.org.uk](mailto:mhf@mhf.org.uk)**W:** [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk)**Together**

12 Old Street

London

EC1V 9BE

**T:** 0207 780 7300**F:** 0207 780 7301**E:** [contactus@together-uk.org](mailto:contactus@together-uk.org)**W:** [www.together-uk.org](http://www.together-uk.org)**Crisis Recovery Unit**

South London and Maudsley Foundation NHS Trust

Bethlem Royal Hospital

Monks Orchard Road

Beckenham

Kent

BR3 3BX

**T:** 0203 228 6000**W:** [www.slam.nhs.uk](http://www.slam.nhs.uk)**Off Centre**

25-27 Hackney Grove

London

E8 3NR

**T:** 0208 986 4016**F:** 0208 525 4666**E:** [info@offcentre.org.uk](mailto:info@offcentre.org.uk)**W:** [www.offcentre.org.uk](http://www.offcentre.org.uk)