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| START AUDIO |  |
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| Interviewer: Cool. I will begin. I will start off by explaining about the hackathon although I know you have a bit of background knowledge just to inform what we are going to talk about. Self-harmony was an event, a hackathon that is quite often billed as a collaborative computer-programming event although I am not sure about that definition. I don’t think that necessarily applied to the event that I ran.  |  |
| But it was over two days. We had many different sorts of participants. There were coders and technical people, people with lived experience of self-harm. There were some junior doctors, healthcare practitioners, people that worked in mental health organisations or charities up the northeast. Also people that had loved ones who self-harmed or just had an interest in supporting me or the research and were interested in self-harm and finding out more.  |  |
| We had about 60 participants. They formed into seven teams with sort of a diverse skill set in each of the teams. They clustered around particular challenges that related to the self-harming individual, the support network around them and kind of the society as a whole. They were kind of encouraged to think about sort of how they could create a technology that would help those that were affected by self-harm.  |  |
| They weren’t given too much guidance. But it was thinking about raising awareness, de-stigmatisation of the term and practice and if somebody was to self-harm, how could they reduce the amount that they were harming or potentially reflect upon why they were harming.  |  |
| It happened over two days. At the end of it there was a judging process and there were a couple of teams that won prizes. There was also a mentoring process throughout. There were seven mentors with again a variety of experiences. Most of them had experience of self-harming themselves. They were going round to the teams and sort of sense checking all the way through and giving them advice about how they could potentially change the digital tool they were making.  |  |
| Also it would be quite good in our discussion if we could think about, these aren’t polished sort of high fidelity Apps or website platforms. It is more about the concepts. What I will try and do is convey what the mainstay of each tool was. We might only get through two. We might get through all seven of them.  |  |
| But what I want to do if possible is think about it as being quite critical about them because I didn’t by any means create these. I want to think about what the barriers to each of them are; usability and feasibility issues, any concerns that you might have. It might just be that you are drawn to a particular one for it being good or bad. |  |
| I have got a little Prezi. Have you used Prezi before? |  |
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| Respondent: Well I haven’t used it myself but I have seen some. |  |
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| Interviewer: It is very exciting.  |  |
|  I will start off by explaining about the Pool Cats. This was one of the seven teams. Again big variety in skill sets.  |  |
| There is Matt. He does a lot of work around technologies, sexual health and discussions around sexual health with young people.  |  |
| Izzy is a junior doctor. She has experienced mental health issues herself but quite little clinical experience as seems to happen at med school. She did a few rotations about mental health but nothing specifically relating to self-harm other than the odd patient that she saw.  |  |
| Rachel is from York St John University. She has done her PhD on self-harm but specifically looking at friendship networks and how self-harm fits into that. Tom was her support worker because she has cerebral palsy but he was very much involved in the ideation process.  |  |
| Then Gavin is a mobile App developer from Open Lab but little experience of working with people with mental health issues.  |  |
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| Respondent: No I think it is fair dos. |  |
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| Interviewer: I want to make sure that I am not creating anything that- |  |
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| Respondent: They couldn’t. |  |
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| Interviewer: Yes. I just want to make sure I am not making it up. Their idea was called Paper Chain. They saw it as a creative mood mapper for those experiencing self-harm. It was modelled on existing coping strategies.  |  |
| I don’t know if you know about this but they were looking at chain analysis, physical paper chaining and how people do that in order to track their mood, emotions and experience. But they wanted to do it digitally. They thought it was quite a novel and interesting way of thinking about and reflecting on your feelings or emotions. It wasn’t specific to self-harm but they envisioned it for people with mental health issues and potentially self-harm.  |  |
| Yes it was modelled on the physical paper chaining. The idea was that you’d have an App that would be a strip of paper and you’d have different bits of chain that were all connected. You could choose colours to sort of track certain behaviours that you were feeling. Then they thought in future Apps you’d have slightly more intricate patterns within the paper chain.  |  |
| The psychology team that I spoke to said they thought it was quite reductive in just choosing one colour to represent potentially an entire day. That is something to think about.  |  |
| But you would colour in the piece of chain and pinch it to make it smaller and you could add it on. Then the idea was you could zoom out and it would be a way of gaining perspective. You might be able to look at an entire day, week, month or year and think, “Okay. This is how I was feeling on these days”.  |  |
| It also had the potential to sort of speak to your support networks on your phone. You might have your mum or your boyfriend or your girlfriend on the App. You could have codes with them. You might have like two oranges in row that means, “I have had a really bad day. Make me a cup of tea when I get in”. It was this idea or notion of sharing your feelings with your loved one. I will give you a quick look at Matt talking about it.  |  |
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| Matt: This is our imagined interaction for the App. It is a strip of paper that you are able to colour in interesting and novel ways that we will come to in a moment. The idea is that you can pinch and add it onto your chain for that day. Something that we would like to build into the App in future iterations is this idea of fillings. Existing Apps kind of have these… |  |
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| Interviewer: Yes that is kind of just going over what I said. Then I will show you what they imagined the App would look like. |  |
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|  There we go. The first screen would obviously be Paper Chain and you would have to have some sort of code to get into it. There were a lot of discussions at the hackathon about why is this digital? What is the value of it being digital? It is all very well taking something that already exists but what is the point in making it into an App? One of the things they defended it with was, “Well actually it is locked and it is private. There is also this idea that you can pick it up anywhere. I mean it is unlikely you are going to get on the bus and start physically paper chaining”. |  |
|  The second screen is you would have these different colours that you could map in. That is Tuesday and Wednesday. Actually I was kind of saying that maybe one piece of chain is one day but you could potentially have five pieces of chain that constitute a day. Then this idea of being able to share it so sharing it with whoever you feel, I don’t know, somebody that you want to share it with and potential to have a message with it. What are your thoughts? |  |
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| Respondent: I think it is good for like being quite aware and mindful of how you are feeling which is a good thing. Say if I was someone that had mental health problems or self-harmed, like you say it is a good way to get some perspective. I would maybe be concerned. I suppose it is not offering much in terms of an intervention is it to improve, you know, if you are self-harming. But I suppose in a way being mindful of that in itself could help.  |   |
| I think in getting people to use it I think it would be great if you were to test this with a group of people and they were participating and they were using it. Probably the outcomes would be quite good. I think if you put it out there on the open market you might have difficulty in engaging people with it. Because I think if you have it explained to you and you are thinking, “I am going to use this” then you’ll probably think, “I’ll give it a try. It is probably quite good”. If it were out there would you struggle with people seeking it? Would people look at it and think, “This is something I am actively going to use”? But I suppose you could probably say that about every one you are going to show me. |  |
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| Interviewer: Yes.  |  |
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| Respondent: That is a huge problem isn’t it? |  |
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| Interviewer: That came up with Guy the GP the other day. He said the exact same thing. I think with all of these maybe excluding the second one I will show you, yes you would be seeking them really unless they were being offered as part of a care pathway. |  |
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| Respondent: Yes I was going to say that might be something because I think in terms of like statutory services like CAMHS and stuff it might be quite good. I know they do it to a certain extent already. But if you have got a young person and you have got an App or something like this that has got evidence behind it being tested then why shouldn’t it be something to fill that gap between face-to-face kind of work?  |   |
| Also if you have got something like this and you are having a session with somebody you can look back at it. It is a visual thing. You can say, “Look you felt like this up and down up and down. What happened there? Why did you feel like that?” It would start a conversation. I think that is quite positive. |   |
|  I am trying to think. I am trying to be critical of what I don’t like. I think that would be the issue, the actual engagement with it. The fact that maybe it is not offering something in terms of helping to improve.  |   |
| I suppose you could expand it in terms of if you put into the App that you are feeling a certain way if the App was quite clever in terms of coming back at you. If at one point in the day you said you were feeling really rubbish at nine o’clock in the morning. But then it came back at you at lunchtime and maybe asked you how you were feeling. Or had some Easter egg kind of thing like DVDs have. Like if it maybe gave you something as a distraction or to cheer you up. Or something that is actively like, “Do you want to speak to somebody? Here is a number. Here is a website”. Maybe if it gave you something back a bit more. |  |
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| Interviewer: Yes. That is exactly what the clinical psychologist said, like having some sort of prompt. It might be like, “Have you spoken to so-and-so?” based on whatever they filled in.  |  |
|  But something else they said that I thought was quite interesting was actually Guy Pilkington the head of the CCG and the clinical psychologist team kind of said two very different things, which was interesting. I would like to know what you think.  |  |
| The clinical psychologist team said they are very much encouraging their patients to think about communicating with people about how they are feeling but in language. That is another reason they felt this was quite reductive in that potentially these pieces of chain aren’t nuanced enough to show how somebody is feeling. Whereas somebody was saying he thinks it’s great that if somebody is struggling to portray how they are feeling to somebody in spoken word that they can do it with something visual. |  |
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| Respondent: Yes. I would be more inclined to agree with that because I think even if okay they are saying it is quite reductive, colour paste emotions etc. But if you have got somebody that really doesn’t want to talk, finds it really difficult to talk or even to open up about anything at least this could be like a starting point. |  |
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| Interviewer: Yes. |  |
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| Respondent: They might not be able to actively state how they feel immediately. But if you can pick away with it with something you have got already to say, “I can see you felt like this. What happened?” You can open up a conversation. I think it is probably quite good in terms of opening up a conversation.  |  |
| I don’t think any App is going to do everything. But also if you are a clinical psychologist you don’t want an App that is going to do everything do you? I would have thought something like this would be quite good for hard to reach young people. I suppose the thing with all kinds of interventions or anything that is digital on a Smartphone is you are always going to have this issue of accessibility. Especially around mental health and self-harm where there is a demographic sort of swing.  |  |
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| Interviewer: Oh your stats were great by the way that you sent over. It was really useful. |  |
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| Respondent: Oh good. Do they have access to this kind of technology? I think it would be good if they did because like you say it is something that is private. It is on their phone. It is locked away. If you are in an environment where this kind of thing just isn’t spoken about then it is good to have something that is yours and private.  |   |
| But what if you don’t have a Smartphone or you don’t have your own laptop? If you want to go on the Internet you have to go on your mum’s computer or whatever.  |  |
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| Interviewer: That’s very true. |  |
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| Respondent: She might be watching over your shoulder. That would be something that I would kind of… But I think with these kinds of interventions that is something that I worry about. I think there is always a kind of middle-class kind of, that is who it appeals to the most but is that who needs it? That kind of thing. |   |
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| Interviewer: Yes. I think that is also reflected in the participants that showed up to the hackathon. What was really interesting was we did actually have service users that I wouldn’t say were recruited through Launch Pad as such but they heard about the hackathon through Launch Pad. These people, they show up regularly to different mental health events because they want their voice heard. Some of them were sort of, I mean I didn’t get their ages but I think they were 50s and 60s.  |  |
| They were only there for the first day and not even the entirety of the first day. When the conversation got into more thinking about, “Okay how can we envisage a technology to think about self-harm?” that is when they started going, “Oh I don’t know how interested I am” and they got the bus home.  |  |
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| Respondent: Yes that’s a shame isn’t it? |  |
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| Interviewer: It is a shame. I suppose everything that was created at this hackathon is going to reflect sort of the social economic status of the people there. |  |
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| Respondent: Yes. I think it is important because a lot of research is suggesting that kind of digital, mobile, App, specifically App technologies are really beneficial especially for young people. But there is this kind of thing at the moment where it is like, “But we don’t know how. Young people use their Smartphones. Great. But we don’t know what we need things to look like and what we need them to do”. |   |
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| Interviewer: Yes. This is where my PhD comes into it. |  |
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| Respondent: Exactly. But also on the flipside with older people a lot of older people are getting into technology aren’t they? If you look at older people that maybe don’t leave the house very much that is the perfect kind of opportunity to have that kind of thing there for them. But then you have got the whole computer literacy thing about they might not have a computer. But if they did… |  |
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| Interviewer: Yes I completely agree. I think it is interesting because actually the other groups didn’t bring that up. They didn’t think about this idea of accessibility and the fact that some people might not even have a Smartphone. If that is the case then who is this reaching out to? Who is this helping? That is definitely something to think about. |  |
|  I will move on to the next one if you are happy to do so? |  |
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| Respondent: Sure. |  |
|  It is a bit better than a PowerPoint this isn’t it? |  |
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| Interviewer: It makes me look like I know what I am doing doesn’t it? Does it? |  |
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| Respondent: You said before you weren’t sure but now actually you are a whizz kid. |  |
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| Interviewer: Okay. When I was thinking about these engagements I didn’t know whether to mention this or not but I decided to. This team won. |  |
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| Respondent: Right. |  |
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| Interviewer: There were specific judging criteria that all seven judges were asked to look at and mark when they were looking at the different concepts. This one wasn’t the favourite the entire way though. But I think what kind of helped them was they really took on board the stories of the people that had experience of self-harm. There are only two of them and they walked away with £250 that is quite nice, which I think they are giving to charity.  |  |
| Alex is a junior doctor. He wanted to come along because again like so many of them they don’t get a great deal of mental health training other than if they choose to do a psychiatry rotation. There was Alex and then Sheep. Interesting name. |  |
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| Respondent: Sheep? |  |
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| Interviewer: Yes. You know, that was his name. That is his middle name. I think he is called Nick Sheep but still it is brilliant. Sheep is a senior lecturer over at Northumbria in social computing. A very good coder.  |  |
| There were just the two of them. It was really interesting because they gravitated to each other really early on. They kind of stuck together. They called themselves the Box Team. Not particularly innovative but that was what they came up with.  |  |
| Their idea was a digital distraction box. They kind of very much were going with the idea that they weren’t thinking about stopping people self-harming. But they were intervening in the process and trying to reduce the amount that somebody was self-harming.  |  |
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| Respondent: Okay. |  |
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| Interviewer: They drew inspiration from distraction boxes. I don’t know if you know anything about them? |  |
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| Respondent: Yes. I am really big on them. I think they are a really good idea.  |  |
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| Interviewer: You know what they are so I don’t need to explain it. Their idea for the digital distraction box would be that you would have your normal box with all of your positives and they kept saying clean blades at the bottom. Interesting that they said blades because obviously that is not necessarily how everyone self-harms. But it seemed to be that the people who were at the hackathon and were talking about their experiences had been cutting and using blades. That is where they got that.  |  |
| You had your clean self-harming kit at the bottom; things on top and it would be locked.  |  |
| The idea would be that you would have a screen at the top like at the top of the box that you could configure in different ways. You could configure it in a way that worked for you. It might be that you have a game that you had to play before you could unlock it. It might be that you’d have to swipe through pictures of loved ones or pets.  |  |
| They also had this idea that you could have the opportunity to record why you were doing it. Potentially video or audio thinking about reflecting on why you were doing it, what you have been up to that day, the feelings that are leading up to this moment of wanting to self-harm.  |  |
| They also had quite a nice idea of having to shake it. It might be that for three minutes before you could unlock the box you had to shake the box as hard as you could. That came from one of the mentors who used to keep their self-harming tools in blocks of ice. They would have to smash through the ice. Often by the time they had done that the urge to self-harm had passed.  |  |
|  Yes it is thinking about reflecting on why you are doing it and how regularly you are doing it. You could potentially have your own dataset with the box. I will just show you Sheep talking about it. |  |
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| Sheep: There are clean materials in the box but also things like bandages and so on. There will be an electrical lock here effectively which basically will just make it very hard to open up until you get through all the materials. It is just a way of helping you reinforce your own self will at this point. |  |
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| Interviewer: There was so much potential for that App to kind of do whatever you want it to really, whatever suits the individual. But yes they were mainly thinking about distraction. How can we try and negate the urge to self-harm? Harm reduction so potentially this dataset of recording your own data. First of all it will take you a longer period of time to get into the box. But also going back to it might make you think about what the triggers are and this idea of reflection as well. Yes that is the box. |  |
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| Respondent: Interesting. I am really big on that kind of idea anyway like a traditional one you might have like you said. I think it probably does work best for people who cut because it is somewhere you can physically put- |  |
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| Interviewer: What about someone that over-exercises? |  |
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| Respondent: Exactly. Are you going to put trainers in the shoebox? |  |
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| Interviewer: I hadn’t thought of that actually. That is quite clever. |  |
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| Respondent: I think cutting is probably the thing it works best for. |  |
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| Interviewer: Or hair straighteners or something. |  |
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| Respondent: Yes. I suppose you could look at it inn lots of different ways. What I like with them is the idea of memories. You might have a letter from a friend or a family member saying, “You are so great”. Even not particularly healthy but there might be a box of tabs in there. |  |
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| Interviewer: Yes. I am not judging. |  |
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| Respondent: If somebody is going to get into this box and think, “Before I get to what I feel I need right now there is all this nice stuff” I am big on that idea. Turning that into, well I don’t know, it is kind of like for the modern age really isn’t it? It is that idea.  |   |
| I think what I would be concerned about would be really practical but actually creating it and people having it. The thing is I always go back to young people because that is what I know. |  |
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| Interviewer: No. Most of the people here were young people as well. |  |
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| Respondent: I just think if you are very private about it you can easily get hold of a shoebox and put stuff in it and make it yourself whereas this might be quite costly. |   |
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| Interviewer: Yes that came up. |  |
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| Respondent: Then you are going to have to speak to your mum or whomever you live with and say, “I think I want this”. Then that could open up – whatever that phrase is – a whole can of worms. But then you could think of it another way and think maybe how you could do it by somebody’s Smartphone could just plug into it or something. You could do it that way. Maybe that would cut the cost. |  |
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| Interviewer: No one has come up with that so far. That’s quite cool. |  |
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| Respondent: That could be a way. If you have got this box with a lock on but you can somehow, I don’t know, have a USB plug-in and you have got the App on your phone. Maybe that could be a way of it being a bit more practical for people. |  |
|  I think it is really good in principle because of all of those things, the distraction. I also like the idea of being able to track. You might be able to look back. Like you say you have got this data. Is it certain times of the day? Is it certain days? Is it after certain events? If you could maybe like before you get into the box have almost a questionnaire about what has been happening, who you have seen, where you have been kind of things. Then you have got that. I might be looking at that from a selfish point of view in terms of getting data. |   |
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| Interviewer: It is all data. |  |
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| Respondent: But it is all data and it would help because you might build up a pattern of I suppose risk.  |  |
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| Interviewer: Yes. |  |
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| Respondent: If you can look at that risk and it kind of flags up things that make people more likely to self-harm then that is only a good thing, and that ability to reflect. I do like the idea because I like the idea of people thinking, “I am at this crisis point where I am going to self-harm” but then looking at the positive things that might actually end up with that person thinking, “I am not going to self-harm”. |   |
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| Interviewer: Yes. This was a real favourite with the people that self-harmed. I mean Steve was there and he has 40 years’ worth of experience of self-harming. He used to go to his doctor and his doctor would just be like, “You need to stop”. Not even asking, “What’s happened to you in your life that might have caused this?” or having any kind of conversation about his feelings or emotions but just saying, “Stop”.  |  |
| Everyone that was there that had self-harmed was saying it was a coping mechanism. I know there are a certain percentage of people, and you are better with stats than me, that go on to commit suicide after self-harming. But I think there is a common misconception that self-harming is sort of people trying, wanting to end their lives.  |  |
| Whereas Rohan who was one of the main speakers and had a lot of experience of self-harm and is a junior doctor was saying, “Actually it was the other way round entirely. It wasn’t about ending my life. It was about being able to live. It was a coping mechanism for me to get through every day and feel grounded”. This idea of personalisation and grounding, I think that is why the people that were there that self-harmed were so keen on it. |  |
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| Respondent: Yes. I suppose it is not shying away from the fact that it happens, it might happen and it might continue to happen. It might happen less or it might happen more. It is still focused around it existing and not ignoring it.  |  |
| I think for a lot of people that self-harm it can be about control so about having control of something where in the rest of your life you don’t have control. But I think one of the things that people are saying is really important about self-harm is for people to take control of it themselves. People are really big on that at the moment apparently.  |   |
| But with this I suppose the good thing is they are taking control of it and they are having control. They are making a decision. The outcome might be more positive but they have still got that control. They just might come through it the other side sort of almost giving themselves a bit of mini therapy by having to look through all those memories and doing everything that they have to do in the App. I think that can only be a good thing really.  |  |
| I think just practically. I can’t see anything that is bad about it because I think the traditional kind of box is a really good idea anyway because they are not shying away from the fact that it might happen or is going to happen. |  |
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| Interviewer: I mean if you are quite into distraction boxes you will know more about this than me. But what do you think about the fact that it is not portable? I know we can’t talk about specific people but what is your experience of knowing about the places that people self-harm? Because the people that I have spoken to did it at home in which case this box works. |  |
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| Respondent: Yes I would say that is most common. I think also part of that is probably to do with I think people want to feel safe. I know it sounds silly but you know what I mean. People want to be safe when they are self-harming because it is not about ending their life as you say. If they were to go by themselves in the middle of nowhere in some woods and self-harm probably I would say that is very, very unlikely to happen because there is a huge risk there. They don’t want to end their life so why would they do it somewhere that is risky?  |   |
| I think most people do it at home. I think the people I have spoken to or worked with in the past that have actually used it have found it helpful because it is at home. I am sure I remember seeing a video, like a fake mini drama kind of thing but had been made by young people that had been service users. It was about self-harm. |  |
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| Interviewer: Oh. You don’t know what it was called? |  |
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| Respondent: I will have to try and find it. Was it to do with young minds? I will find it anyway. It was quite graphic. I think they might have put it in black and white in the end because it had fake blood and people were like, “Oh”. But there was a bit in that where this person was feeling like they were going to self-harm. They had gone under their bed or something and looked through all these memories and things and then had decided not to which was a nice little visual representation of how they work.  |  |
| I think the fact that it is at home is fine. I can’t speak for everyone but I don’t think generally people self-harm in other places. People attempt suicide in public places but that is very different isn’t it?  |  |
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| Interviewer: Yes. |  |
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| Respondent: Yes. I do like it. I can definitely see why it won. I can see why it won round people that are self-harmers, even though they don’t like being called that as I discovered. |  |
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| Interviewer: Yes. Okay. What is your experience of that? |  |
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| Respondent: I think that was a group of young people in the northeast actually. I think young people generally don’t like being labelled unless they have created the label themselves. But with that it is put on them isn’t it? People say they are self-harmers so they haven’t got that ownership of it. |  |
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| Interviewer: Yes I know. Rohan who I was talking about, I think I just was talking about him the other time that we met. He is my partner. We were sorting out the website and about who was going to talk at it. I was like, “You have to talk at it” because he is really good at talking. You know, “You are a junior doctor that self-harmed, brilliant” sort of thing. Someone else was doing the website and they called him, “Medic and ex-self-harmer”. He was like, “I am not sure how I feel about that phrase”. |  |
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| Respondent: No yes. |  |
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| Interviewer: Yes. I can see why that is problematic because it just so happens that it is a person that self-harms as opposed to that being their entire identity. Yes. |  |
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| Respondent: I think that is why probably with all kinds of interventions and stuff you’d have to be careful how you marketed them, wouldn’t you? |  |
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| Interviewer: Yes. |  |
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| Respondent: “This is a great App for self-harmers”. That is going to put their backs up isn’t it? |  |
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| Interviewer: Yes I know. God there are so many difficulties.  |  |
|  If you are okay I am going to do one more.  |  |
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| Respondent: Yes that’s fine. |  |
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| Interviewer: We have been quite on track. |  |
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| Respondent: Yes. |  |
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| Interviewer: We had the initial conversation off audio, off record. |  |
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| Respondent: Yes they wouldn’t have appreciated that. |  |
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| Interviewer: Yes. Oh God. Right. Okay. I am going to eat one more. |  |
|  Is there the potential for you to come back at some point for another chat? |  |
|  |  |
| Respondent: Yes. Why not? I am very flexible with my time. |  |
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| Interviewer: Pardon? |  |
|  |  |
| Respondent: I am very flexible with my time. |  |
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| Interviewer: We are going to look at this now today because a clinical psychologist loved this one.  |  |
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| Respondent: Okay. |  |
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| Interviewer: The chair of the CCG was a bit like, “Eh?” |  |
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| Respondent: It is funny how different groups of people will see different, often conflicting things. From the outside you’d think they would all be singing from the same hymn sheet wouldn’t you? But then different people with different backgrounds, obviously you have got clinical psychology and then if he is a GP you are thinking, “Where is that conflicting?” It is interesting. |  |
|  |  |
| Interviewer: It is really, really interesting. It would be really interesting as well if I can do this, which I intend to do at some point, with service users. I mean a lot of the information that I find out about lived experience of someone self-harming is from Rohan. He is just one person. Obviously he is not representative of everybody that self-harms but it is really interesting.  |  |
| At the hackathon people had such different experiences. They also had different mental health issues and identified as having different mental health issues. Some people still self-harmed in various ways whereas someone like Rohan no longer self-harms. Yes it is so interesting. |  |
|  |  |
| Respondent: Once you have done this year and you go on to do your PhD- |  |
|  |  |
| Interviewer: Do you want to know my five phase plan? |  |
|  |  |
| Respondent: How much do you feed that in? How much are you allowed from your Master’s year to use? Is it nothing? |  |
|  |  |
| Interviewer: Entirely. |  |
|  |  |
| Respondent: God. |  |
|  |  |
| Interviewer: Not everybody is but this is relevant. It is relevant. |  |
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| Respondent: Do you want to pause it? |  |
|  |  |
| Interviewer: Shall I pause it? |  |
|  |  |
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