Public Mental Health Learning Community Learning Set

Welcome, and thank you for joining today's event!
We will start at 10:00

Our speakers today include:

Dr Blossom Fernandes
Research Fellow
Public Mental Health Implementation Centre (PMHIC)

Dr Chloe Chessell
Senior Postdoctoral Researcher
Department of Psychiatry
University of Oxford

Dr Holly Bear
Senior Postdoctoral Researcher
Department of Psychiatry
University of Oxford

Laura Austin-Croft
Director of Population Health | Public Health Consultant
East London NHS Foundation Trust

Matthew Faires
Research Fellow - SPACES Programme Manager
Institute for Health and Care Improvement
York St John University

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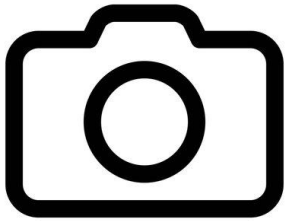
Public Mental Health Implementation Centre

Housekeeping points before we get started

Recording the session

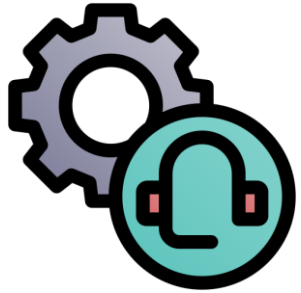
If not speaking, please mute



Camera on please, if comfortable to

Please ask Questions

- Raise your hand
- Use the chat function



Tech issues, please contact public.MH@rcpsych.ac.uk

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Shared principles

Listen with respect and openness

We seek to value learning from different people and stay open to new ways of doing things.

Confidentiality

People may share something they wish to be kept confidential. We require everyone's agreement not to share anyone's information without their permission.

Collaborate

We seek to make decisions by consensus. Everyone's input is **equally** valued.

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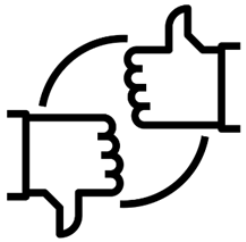
Shared principles

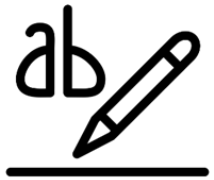
Contribute

We seek to share ideas, ask questions and contribute to discussions. We can also choose not participate at any stage.



Disagree with the point - not the person

We seek to resolve conflicts and tensions.



Use plain language

We seek first to understand, then to be understood. If possible, avoid using jargon and explain acronyms if they must be used.

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Today's agenda

Time	Speaker	Affiliation	Topic
10:00-10:15	**Dr Blossom Fernandes**	Research Fellow, Public Mental Health Implementation Centre (PMHIC)	Welcome and introductions
10:15-10:45	**Dr Chloe Chessell** **Dr Holly Bear**	Senior Postdoctoral Researcher Department of Psychiatry University of Oxford Senior Postdoctoral Researcher Department of Psychiatry University of Oxford	Increasing access to treatment for child anxiety problems: Can school pastoral staff effectively deliver and sustainably implement brief online therapist supported parent-led Cognitive Behavioural Therapy? Followed by Q&A
10:45-11.15	**Laura Austin-Croft**	Director of Population Health/ Public Health Consultant East London NHS Foundation Trust	How can Public Health Consultant's role within NHS trust strengthen public mental health work | Key public mental health interventions at ELFT Followed by Q&A
		Break (10min)	
11.25-11.55	**Matthew Faires**	Research Fellow - SPACES Programme Manager Institute for Health and Care Improvement York St John University	Uniting community physical activity organisations and NHS mental health trusts to support those with severe mental illness to live physically active lives: Co-SPACES Followed by Q&A
11.55-12.00	**Dr Blossom Fernandes**		Thank you and closing remarks

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Increasing access to treatment for child anxiety problems: Can school pastoral staff effectively deliver and sustainably implement brief online therapist supported parent-led Cognitive Behavioural Therapy

Dr Chloe Chessell

Senior Postdoctoral Researcher | Department of Psychiatry | University of Oxford

Dr Holly Bear

Senior Postdoctoral Researcher | Department of Psychiatry | University of Oxford

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TOPIC
The Oxford Psychological Interventions for Children and adolescents Research Group

Experimental Psychology

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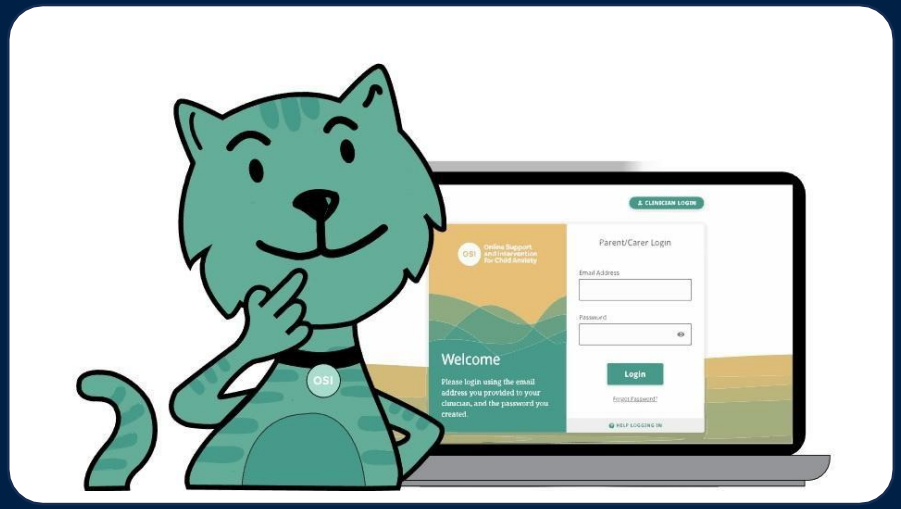
Increasing access to treatment for child anxiety problems: Can school pastoral staff effectively deliver and sustainably implement brief online therapist supported parent-led Cognitive Behavioural Therapy?

Chloe Chessell, PhD & Holly Bear, PhD
Senior Postdoctoral Researchers,
University of Oxford



THE RESEARCH-PRACTICE GAP

✅ Positive effects seen in controlled trials often diminish in real-world community settings.

📉 Research findings are frequently inaccessible or impractical for clinical, educational, and commissioning use, contributing to a persistent gap between evidence and practice.

⚠️ Implementation challenges such as resource constraints, acceptability, feasibility, high clinical caseloads, and lack of sustained investment are well documented but often remain unresolved.

Peters-Corbett, A., Parke, S., Bear, H., & Clarke, T. (2024). Barriers and facilitators of implementation of evidence-based interventions in children and young people's mental health care–a systematic review. Child and Adolescent Mental Health, 29(3), 242-265.

Department of **Psychiatry**
Medical Sciences Division

DIGITAL TOOLS AS A SOLUTION?

📉 Services face increasing demand, long wait times, and limited resources.

📱 Adolescents are digitally native, making online platforms a potentially accessible route to support.

📈 Digital interventions are gaining traction as scalable, flexible tools to extend the reach of mental health care.

❓ But do they deliver meaningful impact in real-world settings?

Department of Psychiatry
Medical Sciences Division

APPROACHES TO DELIVERING DIGITAL MENTAL HEALTH SUPPORT

💬 Therapist-Supported Digital Interventions

Structured digital programs with therapist input

e.g. online CBT platforms like SilverCloud, OSI

🧩 Blended Care Models

Traditional therapy supported by digital tools

e.g. mood tracking apps, psychoeducation modules

📱 Standalone Mental Health Apps

Self-guided, often unregulated

Thousands available, few with strong evidence

Department of Psychiatry
Medical Sciences Division

What is Implementation Science in Mental Health?

- Implementation science studies the methods and strategies that help integrate evidence-based practices (EBPs) into real-world mental health settings.

- It focuses on bridging the gap between research and practice by identifying how to effectively deliver and sustain evidence-based care.

- Ensures that evidence-based mental health interventions are effectively adopted, sustained, and make a real impact in practice.

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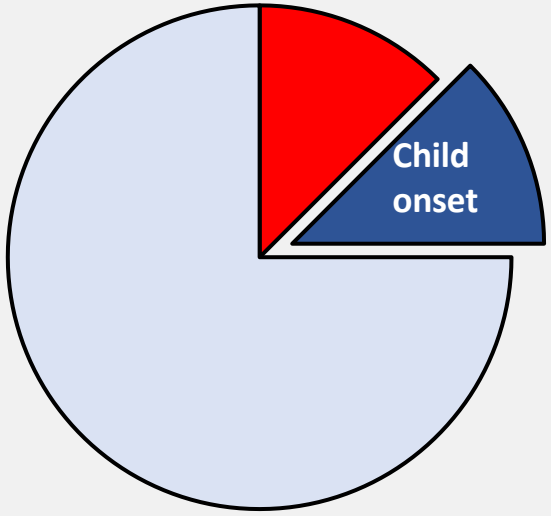
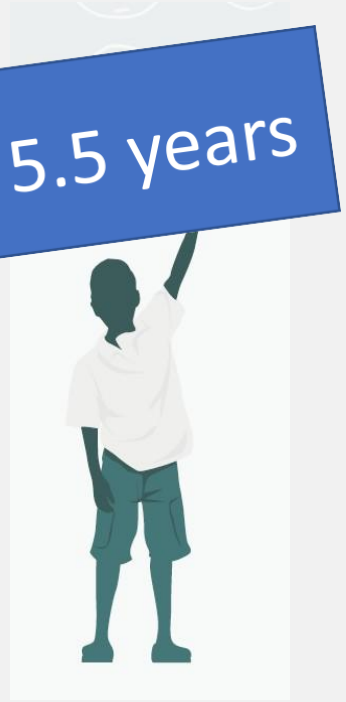
Childhood Anxiety Problems

Lifetime prevalence



Age of onset



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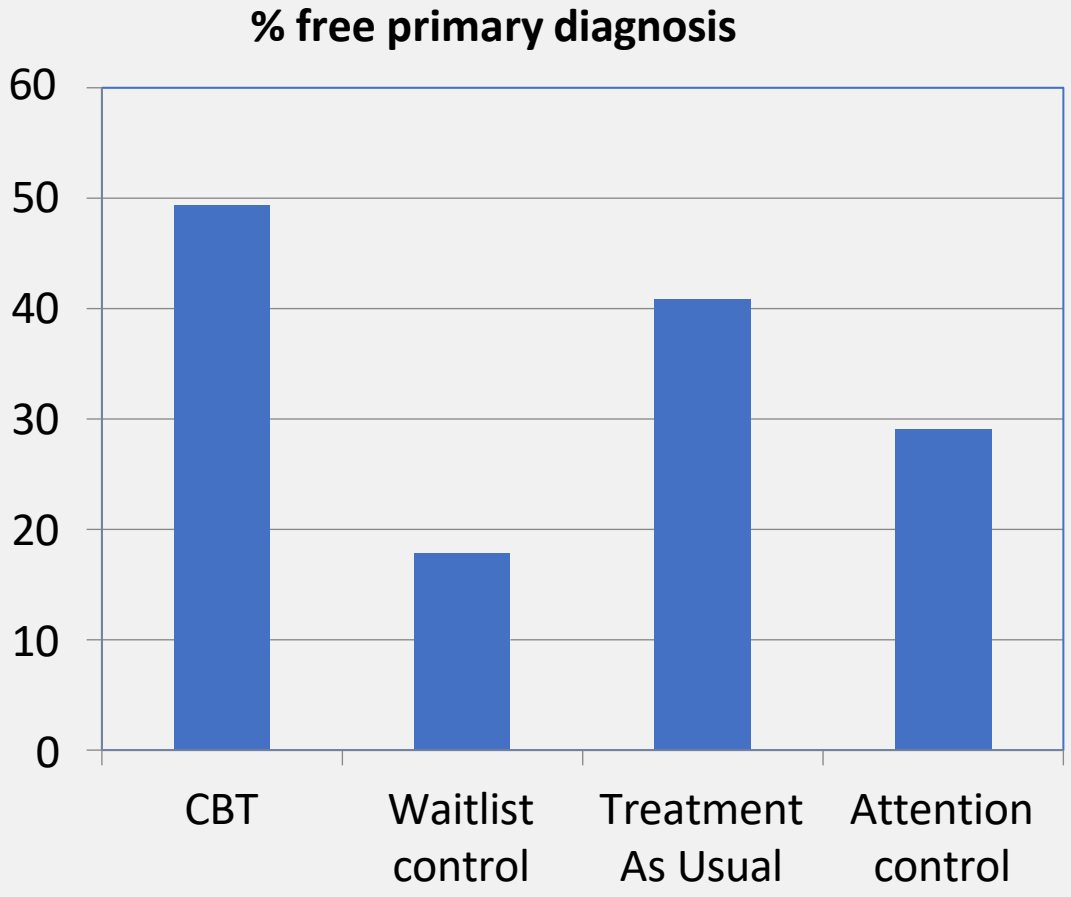
Cognitive Behavioural Therapy (CBT)



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Cognitive behavioural therapy for anxiety disorders in children and adolescents

Anthony C James, Tessa Reardon, Angela Soler, Georgina James, Cathy Creswell Authors' declarations of interest

Version published: 16 November 2020 Version history
https://doi.org/10.1002/14651858.CD013162.pub2

Collapse all Expand all

Abstract

Available in English | Español

Background

Previous Cochrane Reviews have shown that cognitive behavioural therapy (CBT) is effective in treating childhood anxiety disorders. However, questions remain regarding the following: up-to-date evidence of the relative efficacy and acceptability of CBT compared to waiting lists/no treatment, treatment as usual, attention controls, and alternative treatments; benefits across a range of outcomes; longer-term effects; outcomes for different delivery formats; and amongst children with autism spectrum disorders (ASD) and children with intellectual impairments.

Objectives

To examine the effect of CBT for childhood anxiety disorders, in comparison with waitlist/no treatment, treatment as usual (TAU), attention control, alternative treatment, and medication.

Barriers to accessing CBT treatment

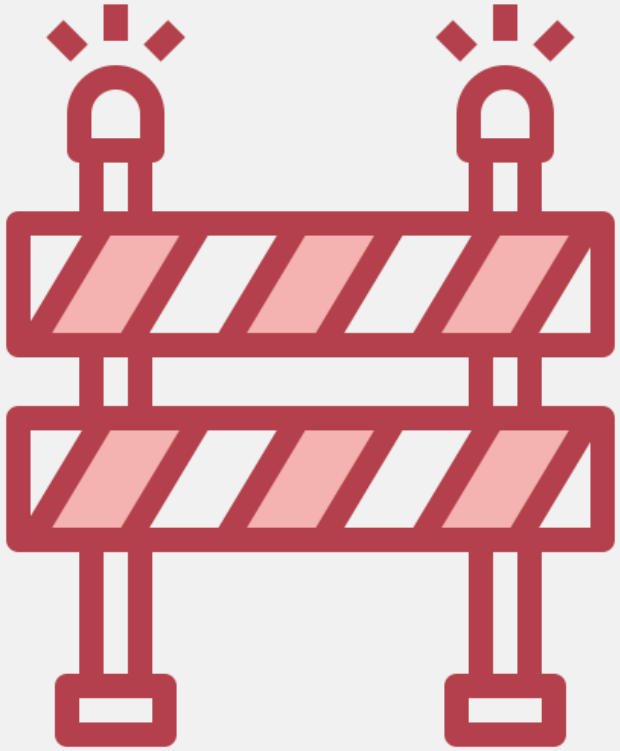
A Current Review of the Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) Program: Perspectives on Developing an Accessible Workforce

This article was published in the following Dove Press journal:
Adolescent Health, Medicine and Therapeutics

Chris Ludlow[1]
Russell Hurn[2]
Stuart Lansdell[1]

[1]Child Wellbeing Practitioner Program (CYP IAPT), Postgraduate Studies Department, Anna Freud Centre, London, UK; [2]CYP IAPT Therapy Program, Postgraduate Studies Department, Anna Freud Centre, London, UK

Abstract: The CYP IAPT program has played a leading role in workforce development in the Child and Adolescent Mental Health Service (CAMHS) in England since its inception in 2011. Despite promising evidence of CYP IAPT's benefits, significant wait times for CAHMS have convinced policy makers that a new direction for CYP IAPT is required. Since 2017, the CYP IAPT program has changed its aim from workforce development to workforce expansion, with the project aiming to train 1700 new psychological practitioners by 2021. The CYP IAPT program now consists of three training streams (a) a low-intensity workforce, (b) a schools-based workforce, and (c) a high-intensity workforce based on the original CYP IAPT curriculum. The purpose of this paper is to outline the three CYP IAPT workforce streams. As will be reviewed, changes to CYP IAPT have occurred within the context of emerging ideas from dissemination science and government reviews that outline the shortcomings of traditional service models. Consequently, CYP IAPT practitioners are now increasingly being trained in the delivery of novel psychological interventions to address some of these shortcomings. A range of low-intensity interventions are being deployed by CYP IAPT practitioners to target mild-to-moderate anxiety, depression, and conduct. A recent meta-analysis indicates that low-intensity psychological interventions show promise for children and adolescents in efficacy trials. Nevertheless, further research is required to understand its effectiveness in real-world settings and to see if treatment effects are sustained over time. As such, this paper recommends that CYP IAPT services evaluate the long-term effectiveness of low-intensity work and subject their methods and findings to peer review



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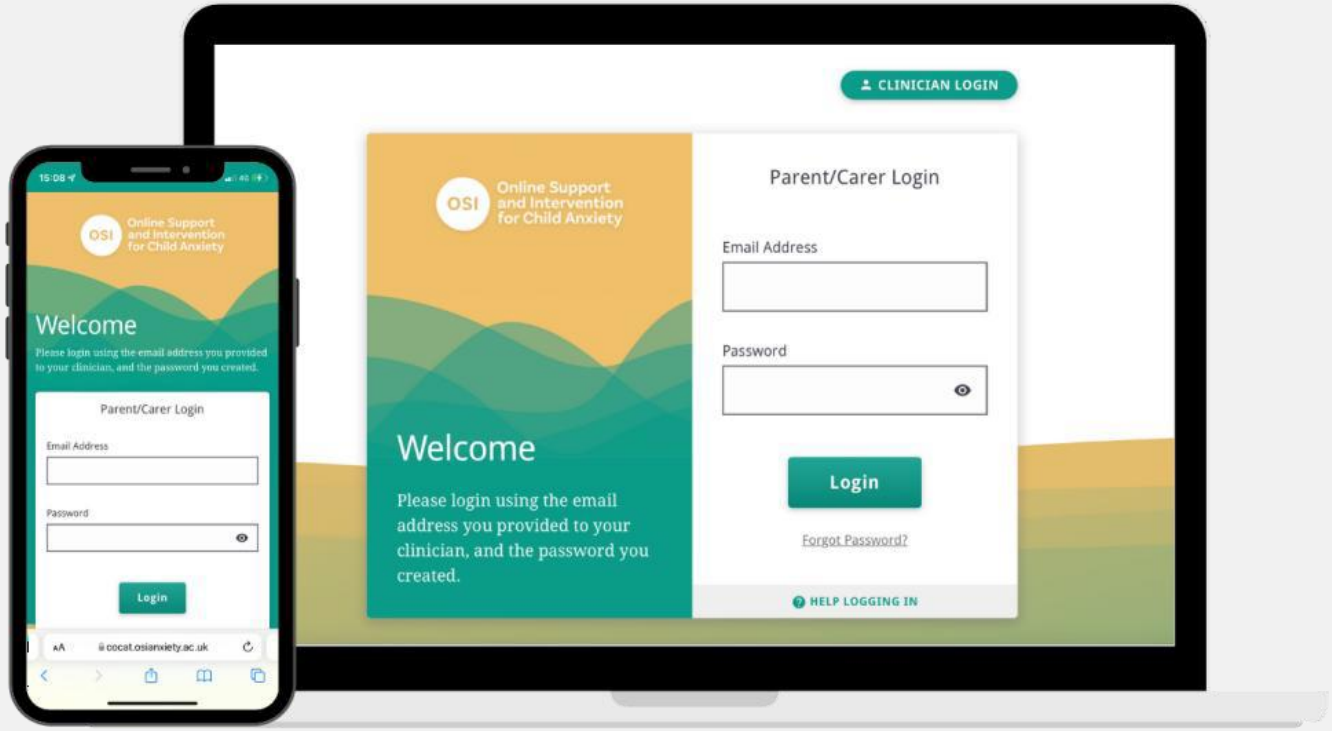
Potential solutions – Online Support and Intervention (OSI)



- Brief, online therapist guided, parent-led CBT intervention
- Approx. 2.5 hours therapist support

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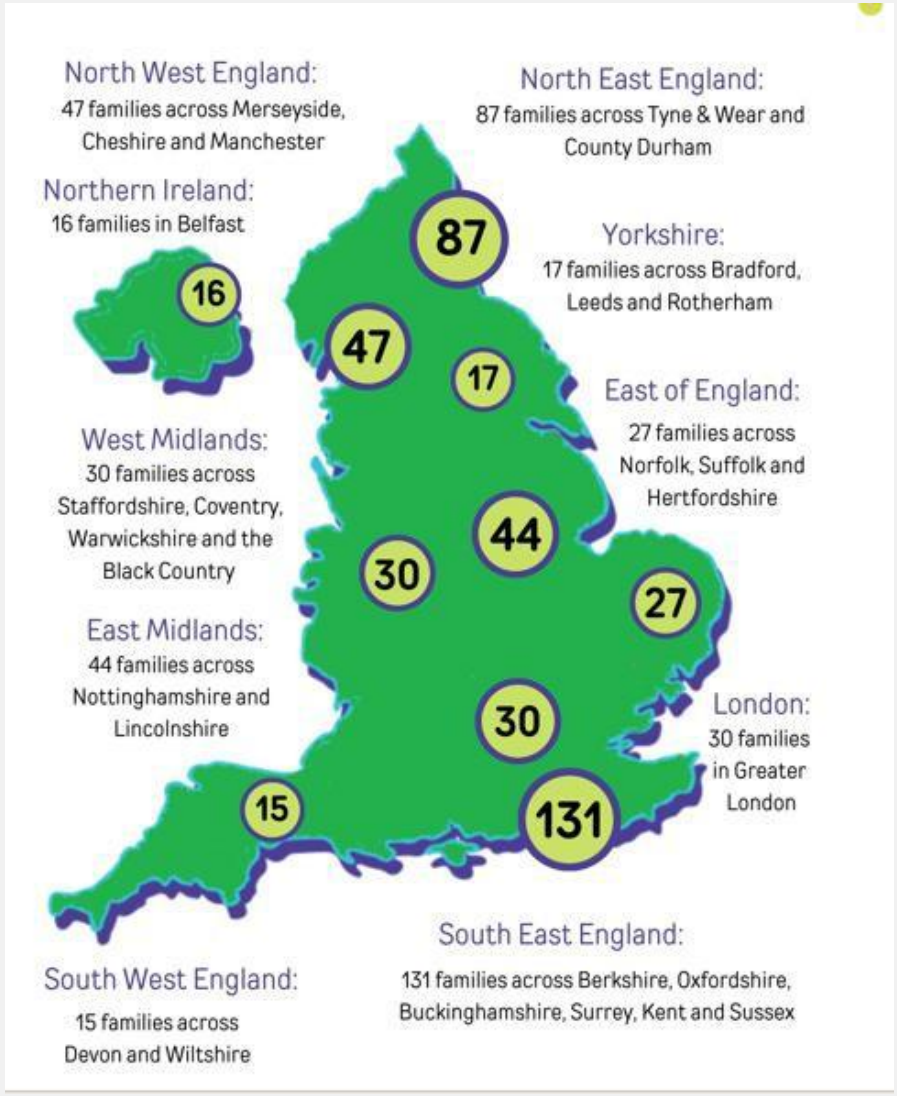
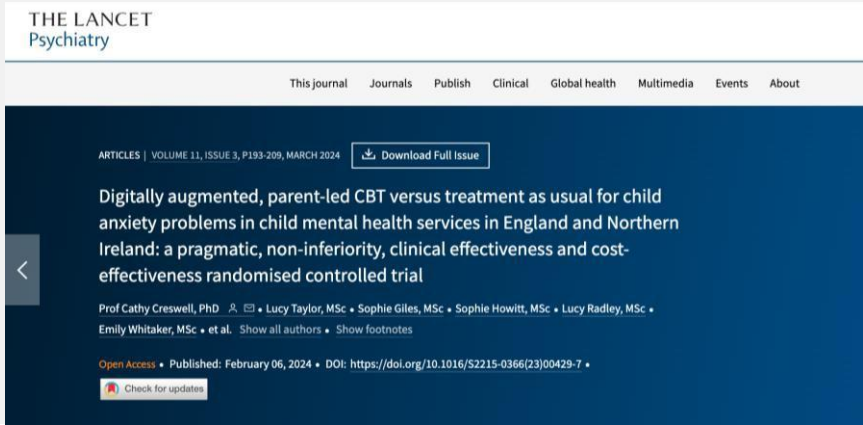


- OSI takes substantially less therapist time to deliver than usual treatment in services
- Without compromising child outcomes or parent and clinician satisfaction (which were all good)
- Health economics showed that OSI was likely to be cost-effective compared to usual treatment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ARTICLES | VOLUME 11, ISSUE 3, P193-209, MARCH 2024 Download Full Issue

Digitally augmented, parent-led CBT versus treatment as usual for child anxiety problems in child mental health services in England and Northern Ireland: a pragmatic, non-inferiority, clinical effectiveness and cost-effectiveness randomised controlled trial

Prof Cathy Creswell, PhD • Lucy Taylor, MSc • Sophie Giles, MSc • Sophie Howitt, MSc • Lucy Radley, MSc • Emily Whitaker, MSc • et al. Show all authors • Show footnotes

Open Access • Published: February 06, 2024 • DOI: https://doi.org/10.1016/S2215-0366(23)00429-7 •

Check for updates

Potential solutions – Delivery via School Pastoral Staff

- ✓ Experience supporting student's mental health/wellbeing
- ✓ Integration within school system
- ✓ Established relationships with students and their families (Fazel et al., 2014)
- ✓ Evidence to suggest that:
  - Parent-led CBT can be effectively delivered by individuals without prior CBT experience (Thirlwall et al., 2013)
  - Feasible/acceptable when delivered by school pastoral staff (Gee et al., 2025)

Current Study:

- ✓ **Clinical outcomes** of OSI when delivered by school pastoral staff, benchmarked against clinical outcomes of OSI when delivered by psychological practitioners in school settings
- ✓ Factors that may have **enabled or inhibited implementation and clinical effectiveness** of OSI when delivered by school pastoral staff

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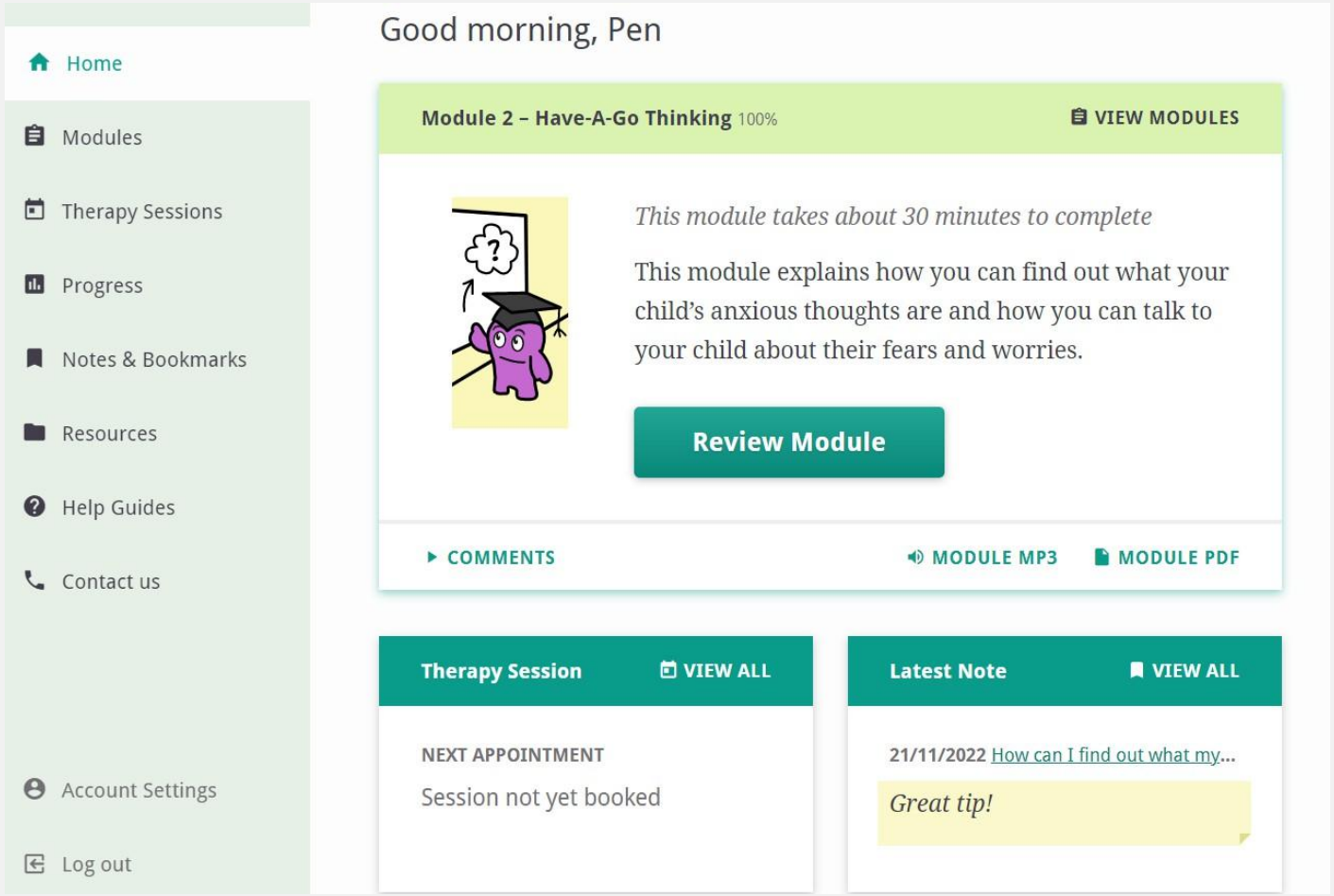
Two Implementation Sites:

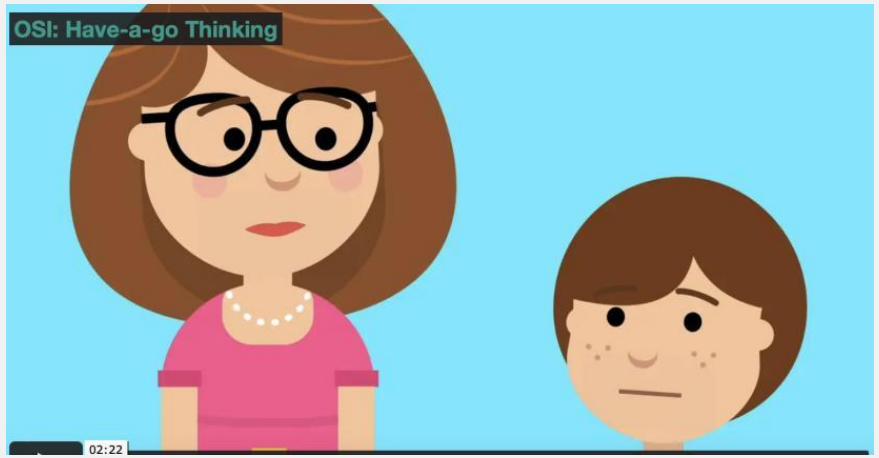
Working on Worries

OxWell Student Survey

Young People's Health and Wellbeing

OSI Intervention:





Module Quiz

Welcome to the module quiz! This is optional but you may find that it helps you to better understand and remember what you have covered in the module if you do the quiz. Your answers can be seen by your therapist so they can know how best to support you. The research team at the University of Oxford will also receive your answers but they will not store any information that could identify you or your child. This will help to improve OSI for other parents.

Testing fears will help my child overcome their anxiety

Correct Answer: True

- (●) True
- ( ) False

Remember, the site is not monitored and anything you write will not be read immediately by your therapist. Please contact the clinic if you urgently need to speak to your therapist.

Testing fears can help my child to:

Correct Answer: True

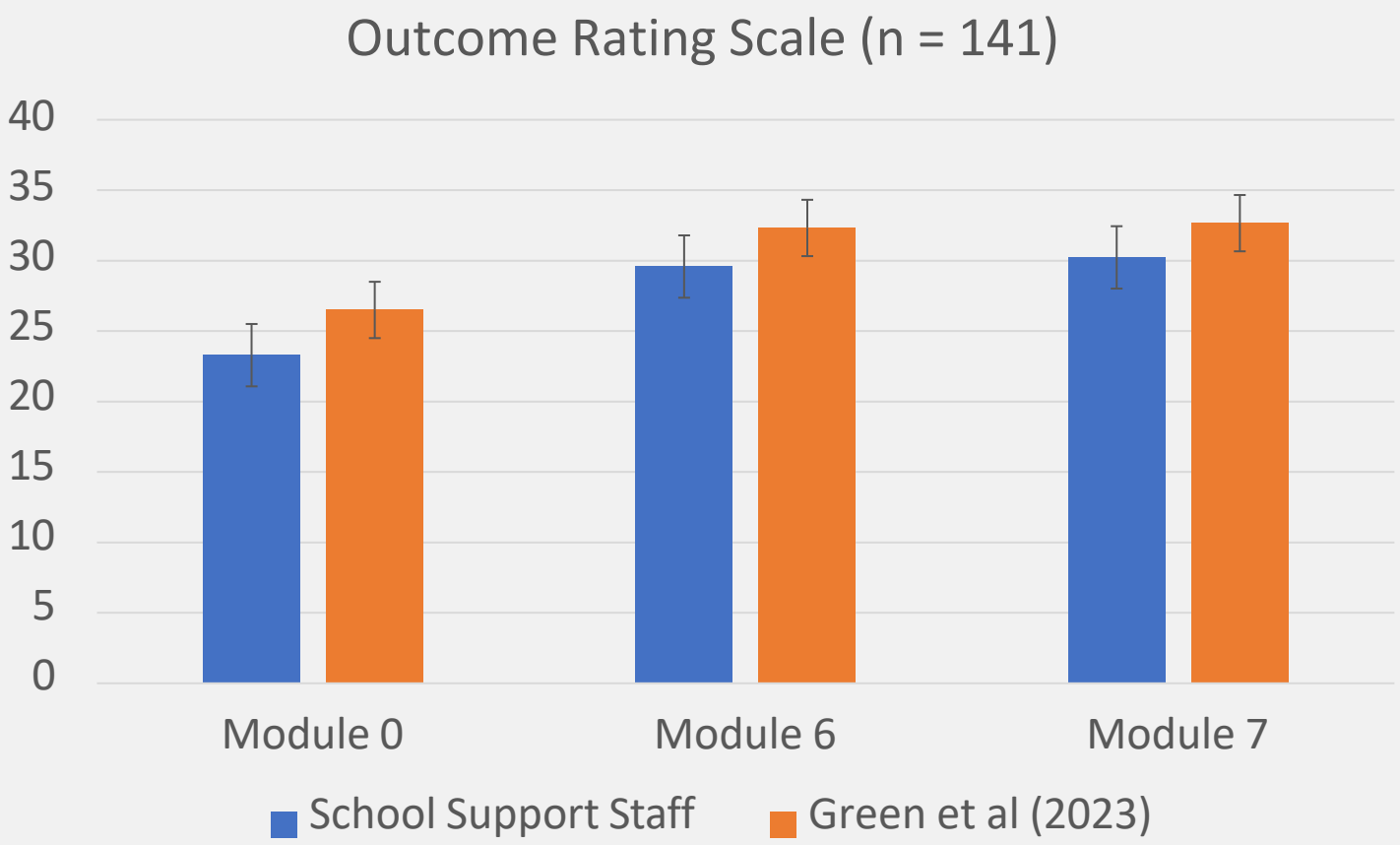
- ( ) Test out what they think will happen in the feared situation
- ( ) Experience being able to cope with the feared situation

Clinical Outcomes:

Module completion (using the RCADS) for school support staff sample	N
Module 0	143
Module 1	143
Module 2	124
Module 3	114
Module 4	95
Module 5	85
Module 6	80
Module 7 (Follow-up)	32

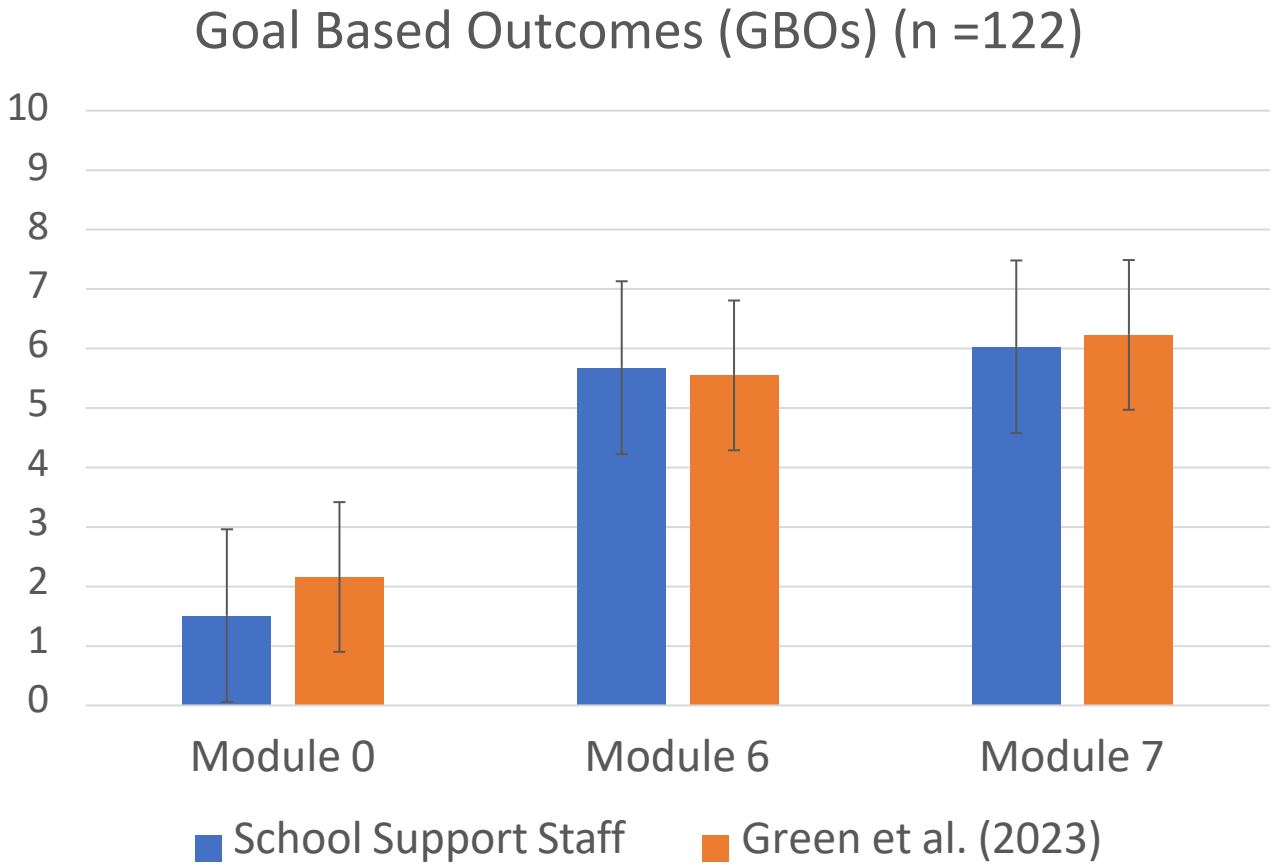
	School Pastoral Staff (n = 143)	Green et al. (2023) (n = 47)
Child Age		
Mean (SD)	8.31 (1.82)	8.72 (0.45)
n	143	47
Child Gender, n (%)		
Female	82 (57.3)	29 (62)
Male	61 (42.7)	18 (38)
n	143	47
Primary Anxiety Difficulty, n (%)		
Specific phobia	9 (6.3)	5 (10.6)
Social phobia	6 (4.2)	1 (2.1)
Generalised anxiety	73 (51)	21 (44.7)
Separation anxiety	42 (29.4)	3 (6.4)
Other	3 (2.1)	0
Missing	10 (7)	17 (36.2)

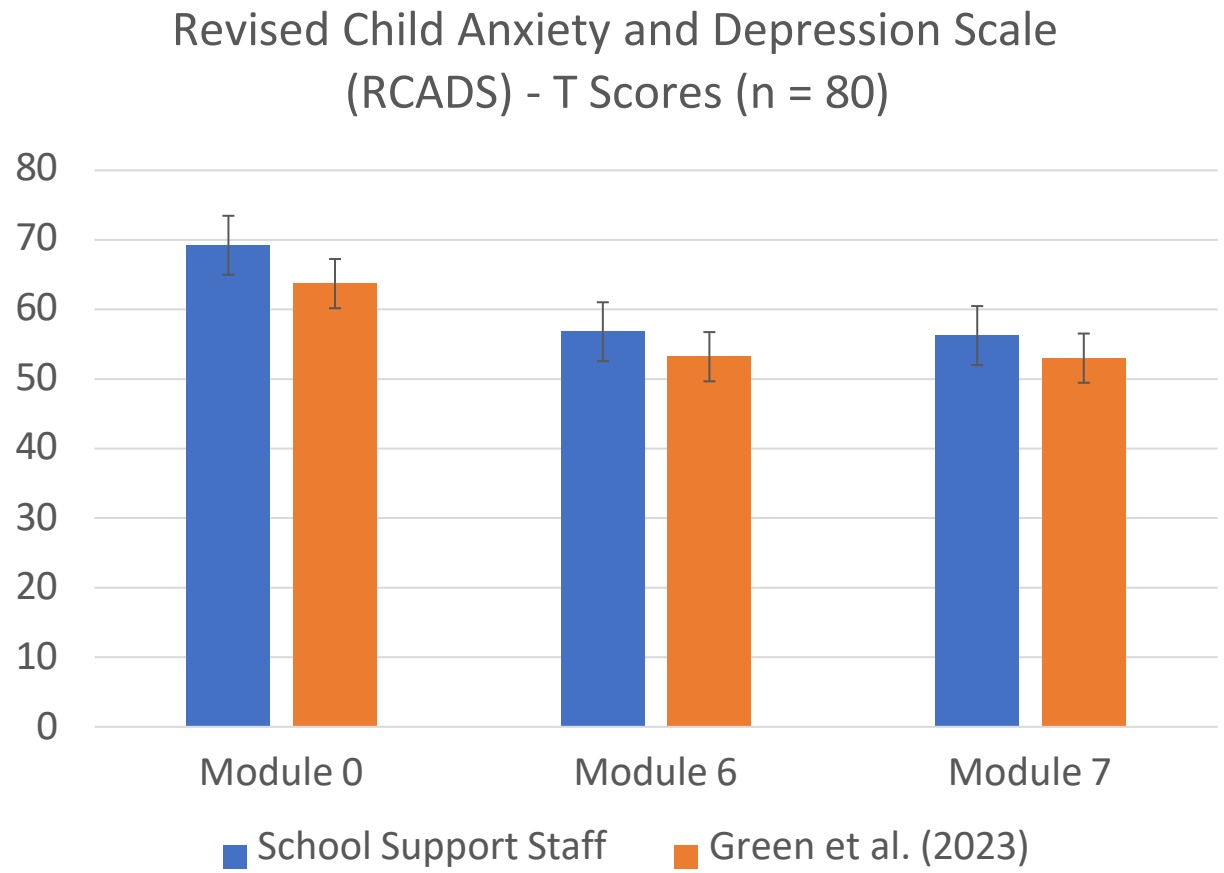
Clinical Outcomes:



School Pastoral Staff		Green et al. (2023)	
Module 0 versus Module 6 Cohen's d (95% CI)	**Module 0 versus Module 7 Cohen's d (95% CI)**	**Module 0 versus Module 6 Cohen's d**	**Module 0 versus Module 7 Cohen's d**
-0.85 (-1.05 to -0.66)	-0.97 (-1.17 to -0.77)	0.79	0.84

✓ **No clinically meaningful differences in effect sizes when comparing school staff outcomes to Green et al. (2023)**



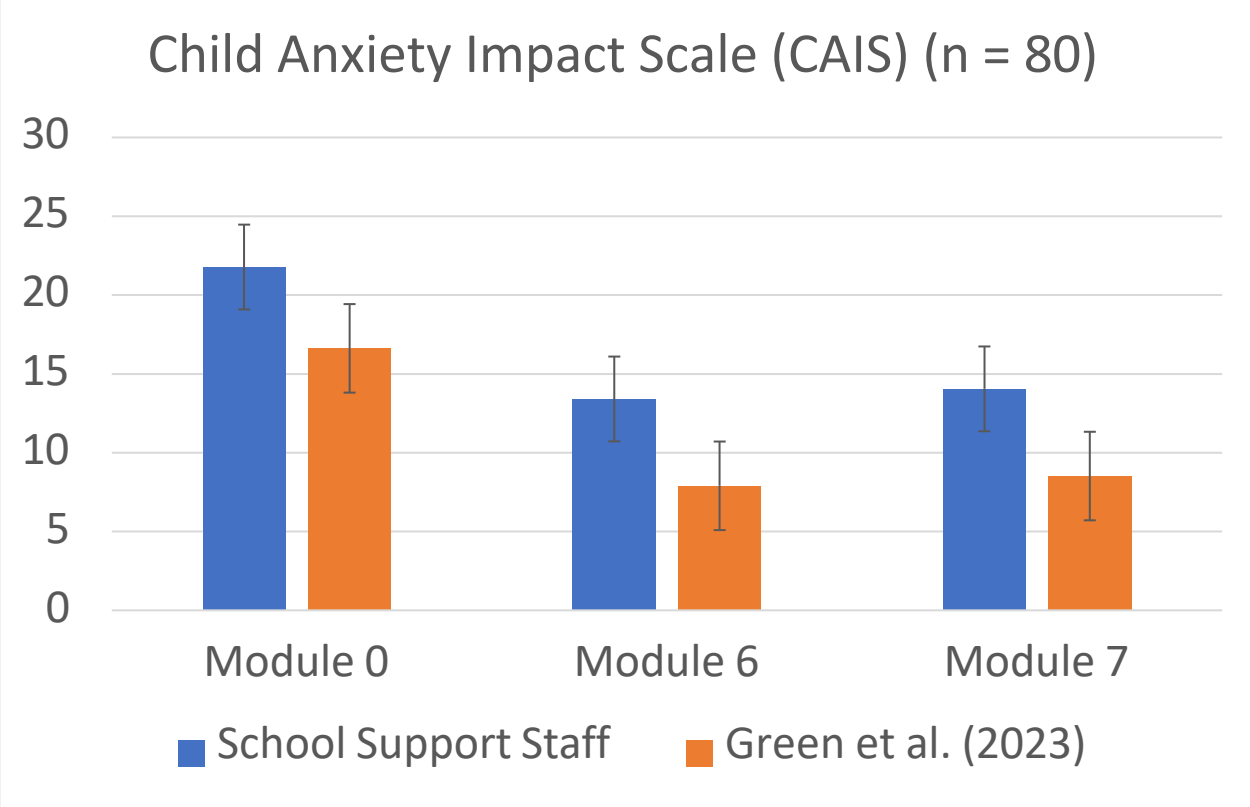


School Pastoral Staff		Green et al. (2023)	
Module 0 versus Module 6 Cohen's d (95% CI)	**Module 0 versus Module 7 Cohen's d (95% CI)**	**Module 0 versus Module 6 Cohen's d**	**Module 0 versus Module 7 Cohen's d**
1.53 (1.79 to 1.27)	1.61 (1.88 to 1.34)	1.34	1.52

✓ **No clinically meaningful differences in effect sizes when comparing school staff outcomes to Green et al. (2023)**

School Pastoral Staff		Green et al. (2023)	
Module 0 versus Module 6 Cohen's d (95% CI)	**Module 0 versus Module 7 Cohen's d (95% CI)**	**Module 0 versus Module 6 Cohen's d**	**Module 0 versus Module 7 Cohen's d**
0.99 (0.72 to 1.25)	1.04 (0.76 to 1.3)	0.78	0.86

✓ **Effect sizes greater for school support staff from Module 0 to Module 6 compared to Green et al. (2023)**



School Pastoral Staff		Green et al. (2023)	
Module 0 versus Module 6 Cohen's d (95% CI)	**Module 0 versus Module 7 Cohen's d (95% CI)**	**Module 0 versus Module 6 Cohen's d**	**Module 0 versus Module 7 Cohen's d**
0.69 (0.44 to 0.93)	0.6 (0.36 to 0.83)	0.87	0.89

- **Less favourable effect size on CAIS from Module 0 to Module 7 compared to Green et al. (2023)**
- **Still overall improvements in CAIS from Module 0 to 7 in School Pastoral Staff sample**

Factors influencing implementation/outcomes - time

"I'm also a bit nervy about putting it out there to our families to make it complete common knowledge because I just don't think I'm going to be able to manage…I'm kind of at my capacity" (School staff member)

"So for me, the telephone conversation is brilliant. I can do it at any school at any day" (School staff member)

Factors influencing implementation/outcomes – school context

- ✓ **Understand child's difficulties**
- ✓ **Work with other staff to support implementation**
- ✓ **'Fits' with school offer**
- • **Not all parents feel able to engage**

"sometimes [parents] can be a bit wary of outside like professionals, do you know what I mean? So I think they're quite, the fact that you're offering it within the school and they might feel a little bit more like comfortable about it"

(School staff member)

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Factors influencing implementation/outcomes - confidence

- ✓ Training
- ✓ Manualised approach
- • Initial uncertainty about ROMs and online nature of OSI

"I'm not very computer literate, I do the bare minimum and I anticipated my anxiety around it being am I gonna press the wrong thing? Am I gonna send this to the parent when I shouldn't? … as soon as I started doing that, I found that the training just naturally kicked in and I was sticking to, you know, the the flow of things and the order of stuff… it's not as scary as I thought it was gonna be and it's actually really easy and it's it fits in quite well with the rest of my job so it's very user friendly." (School staff member)

Take-home messages

- ✓ **Very promising outcomes from OSI when delivered by school pastoral staff**
- ✓ **Novel way to help increase access to treatment in school settings**

Considerations for future implementation:

- Staff time (to deliver & attend supervision sessions)
- Structured supervision sessions (to promote attendance & skills building)
- Understand/promote parent module completion

Future Directions

Working on Worries

Norfolk & Waveney – Continuation of WoW Project for 2025/2026

WOWSI

West Sussex – Implementation of OSI by school pastoral staff in schools

What next for digital mental health interventions?

💻 Digital tools can enhance but not replace human connection and trusted relationships.

👫 Prioritise inclusion and equity in design, evaluation, and implementation.

🎯 Adapt to context through person-centred, iterative development to improve engagement and fit.

📉 Focus on sustained use by supporting long-term value and intrinsic motivation.

💡 Shift success metrics toward acceptability, feasibility, and sustainability, not just clinical outcomes.

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Acknowledgments

Working on Worries

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OxWell Student Survey
Young People's Health and Wellbeing

Questions from the audience

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Public Mental Health Implementation Centre

How can Public Health Consultant's role within NHS trust strengthen public mental health work. The key public mental health interventions at ELFT

Laura Austin-Croft

Director of Population Health | Public Health Consultant | East London NHS Foundation Trust

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Public Mental Health Implementation Centre

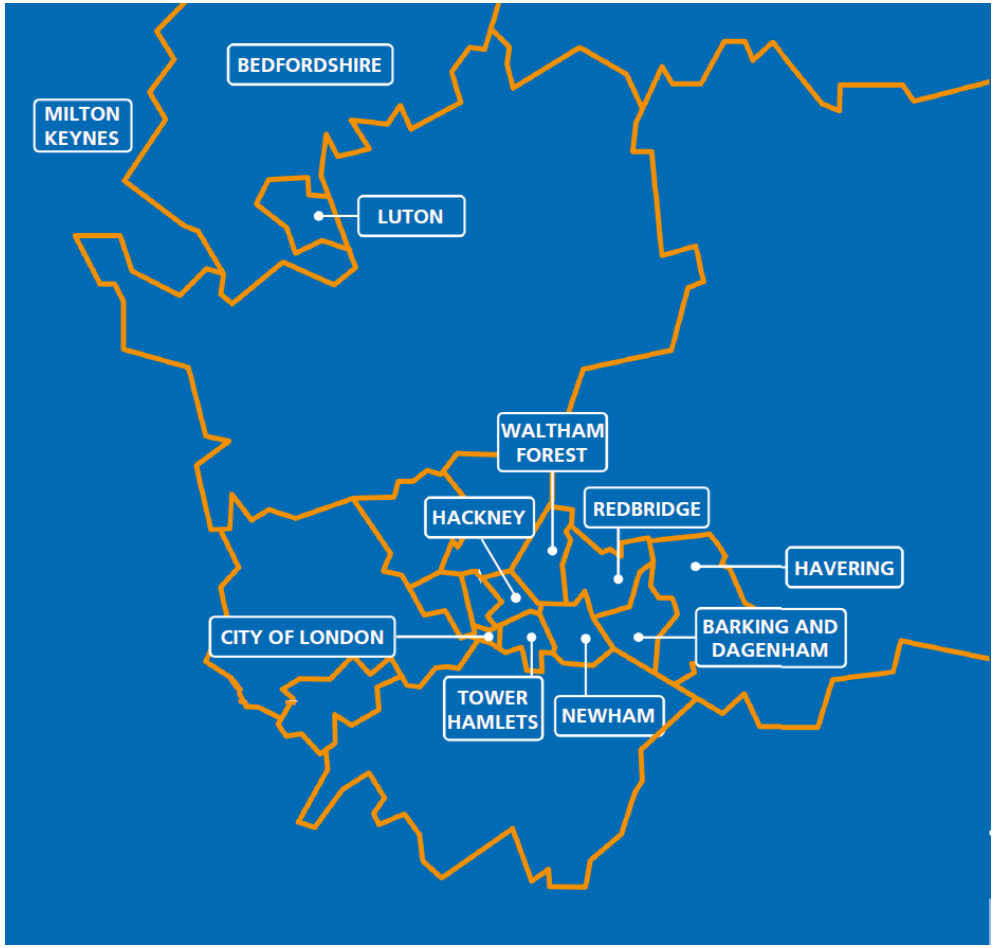
East London NHS Foundation Trust (ELFT)

NHS
East London
NHS Foundation Trust

Mental health, community health, primary care & specialist services for approximately 2 million population.

Services in local authorities with some of the **highest national child poverty rates.**

Among the **most culturally diverse** parts of the country.



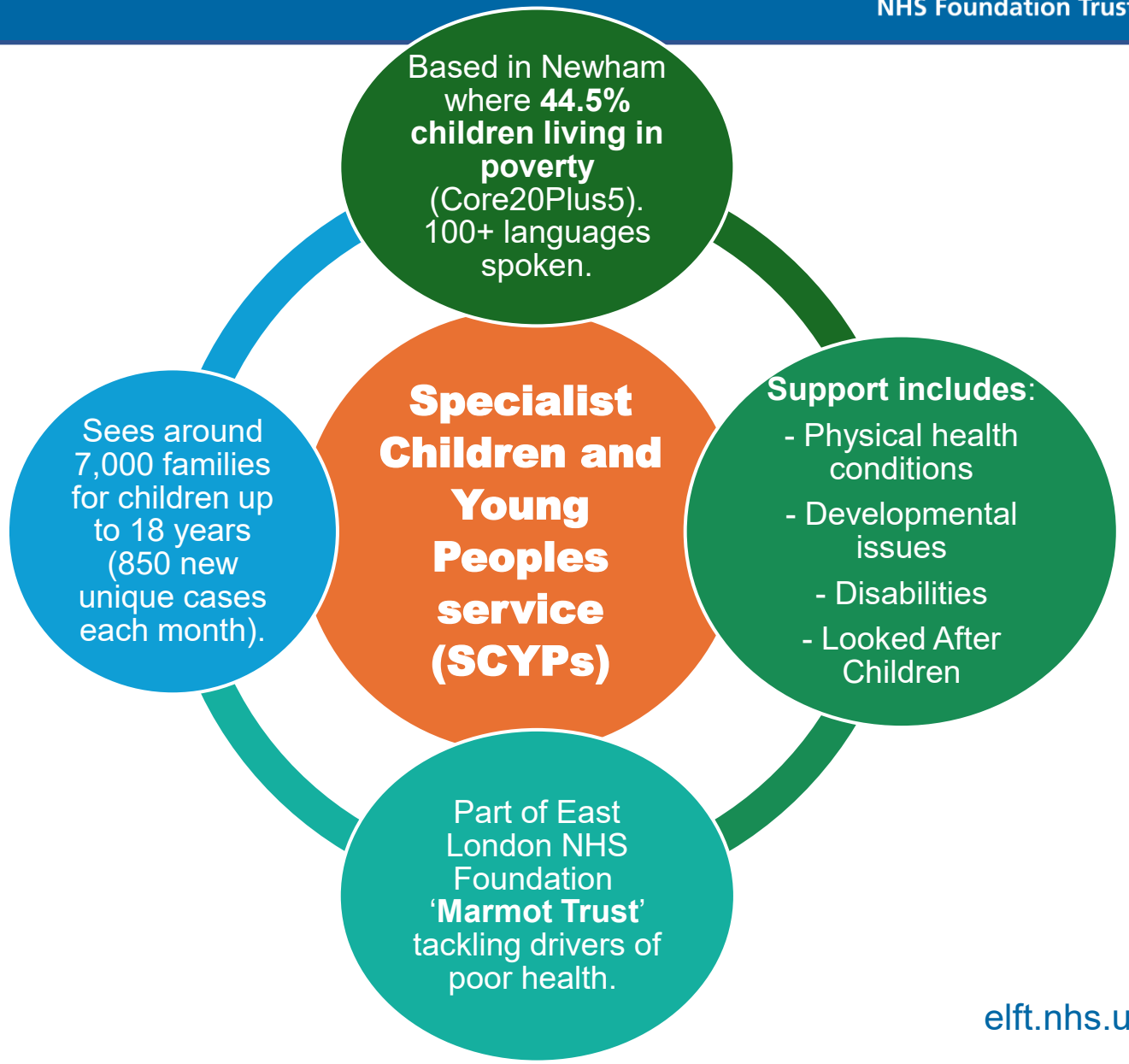
Ask about the #ELFTPromise

We care
We respect
We are inclusive

Action on the wider determinants of health: Healthier Wealthier Families

East London NHS Foundation Trust

- Child poverty affects physical, oral and mental health with life-long impacts.
- Specialist Children and Young People Service (SCYPS) supports children and young people with disabilities in an area of London with high levels of deprivation.
- The benefit system can feel difficult and complex without help with many benefits unclaimed.
- International evidence shows we can make a difference to family income and health by co locating advice services in healthcare settings, improving access, experience and health.



Ask about the #ELFTPromise

We care
We respect
We are inclusive

elft.nhs.uk

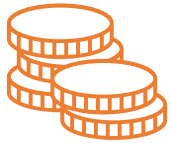
What we did and found

NHS East London NHS Foundation Trust

1. Co located benefit advice:

- Benefit advisor co located at SCYPS in a community health clinic in Newham
- Benefit advisors co located in two children centres in Tower Hamlets

2. Key research findings:



In year one, 78 families received an average of £6,103 per year (£476,023 in total). **Return of £47 for every £1 spent.**

Families reported a positive impact on their financial and mental well-being.

3. Three key recommendations for ongoing action from the qualitative analysis:

- Co location in trusted settings
- Empowering staff to make every contact count
- Prioritise inclusion

Ask about the #ELFTPromise

We care
We respect
We are inclusive

Family stories

“My family were on the verge of homelessness, council tax arrears and rent arrears were in the thousands, I have two children with severe disabilities and was unable to cope due my benefits being reduced. The amazing advisers challenged the DWP`s decision and I was paid back missing elements of Universal Credit, carers benefits and a Discretionary Housing Payment was awarded to financially support me with the high private rent shortfall and paid off majority of my arrears . My family can stay in our home, my children have stability, I am so thankful”.

“It wasn’t just advice I received, I felt heard, listened to and most importantly not judged due to the circumstances I had gotten myself into, HWF is so much more than an advice service, they are the light at the end of the tunnel”.

Health equity in access and outcomes: Perinatal mental health

NHS East London NHS Foundation Trust

Understanding our data

1. OHID expected prevalence by borough [2019 data] using age and deprivation.
2. Prevalence applied to live birth data by ethnicity for three boroughs to estimate number of referrals expect to be seen by PMH services.
3. Compared to proportion of referrals by ethnicity in 2024 to the perinatal mental health services.

Co designing & delivering solutions

1. Women with lived experience co chairing the Trust Health Equity board.
2. Driver diagram informed by data analysis and lived experience to identify actions, prioritising areas of expected greatest impact.

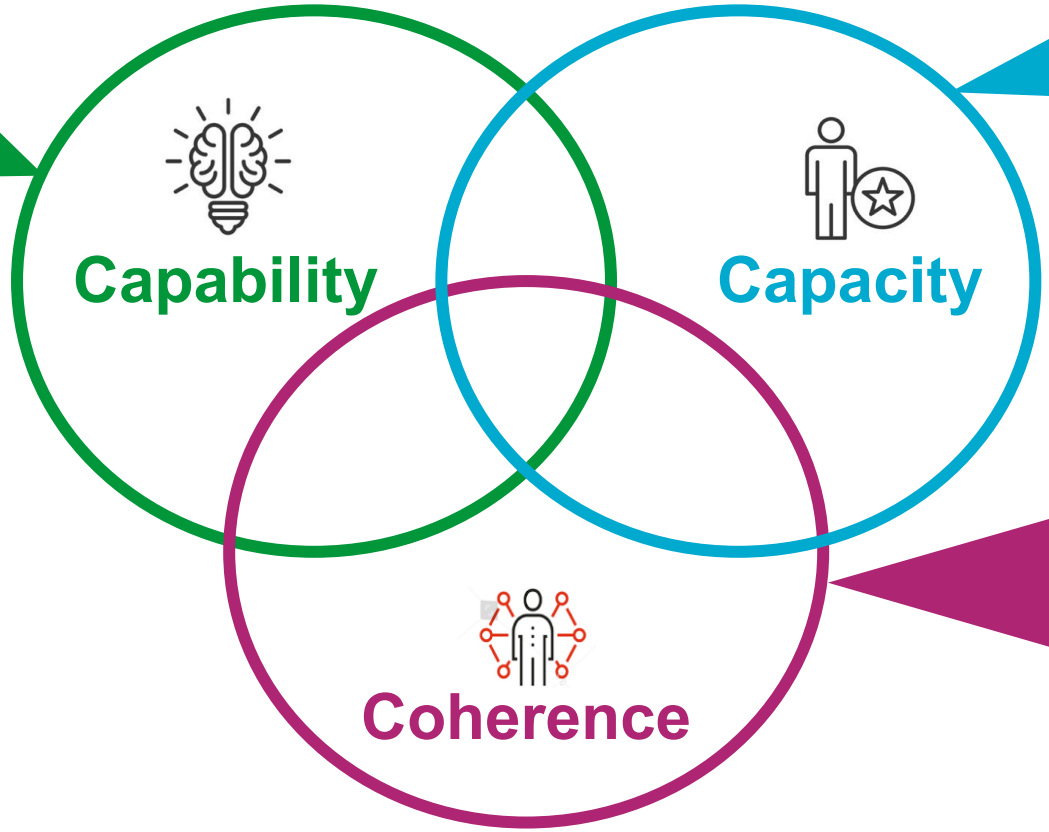
Working in partnership

1. Local authority and voluntary and community sector partners.
2. North Central and East London provider collaborative.
3. Race Health Observatory.

Capability, capacity and coherence

NHS East London NHS Foundation Trust

Equipping ELFT staff with the knowledge and skills they need to take a Population Health approach to their work



Growing capacity as an organisation to deliver improved population health

Linking Population Health work with other core programmes so it makes sense for staff, service users and partners

Developing capability and capacity to continue to support population health work at the Trust

NHS East London NHS Foundation Trust

Equipping staff with the knowledge and skills they need to take a population health approach to their work

- Population health training from induction to leadership
- Living Well Community of Practice

Linking population health work across initiatives so it makes sense for staff, service users and partners

- Quality improvement tools and training infrastructure
- Data analytics support to strengthen health equity focus across ELFT services

Grow capacity as an organisation to deliver improved population health

- Increase population health training placements
- Explore opportunities for external grants and corporate support

Ask about the #ELFTPromise

We care
We respect
We are inclusive

In summary

1. There are many opportunities to utilise public health leadership skills in a provider care setting – from health equity in services to acting on the wider determinants of health.
2. Partnerships, culture, tools (quality improvement, anchor frameworks)and working with people with lived experience all support a whole organisation approach to taking forward a population health work and are very important to success
3. The new ten-year plan provides opportunities for ongoing focus on prevention work using public health skills both within an NHS setting and the NHS as a wider system partner.

For more information on the population health work at the Trust: https://www.elft.nhs.uk/information-about-elft/our-strategy-vision-and-values/population-health

Acknowledgements, partners & funders for Healthier Wealthier Families

Families particularly who took part in interviews, Michelle Heys, Claire Cameron, Siew Fung Lee, Angela Bartley, Rebecca Benson, Jo Beckmann, Matthew Oultram, Deepa Patel, Raya Shpilberg, Thomas Rance, Anne Pordes, Lucy Furby, Ariane Warran, Susanne Tang, Sarah Skeels, Our Money Newham, Joanna Mamode, Kara Gerrie and many others.

Acknowledgements perinatal mental health equity

Katie Patrick, Rachael Buabeng, Gertrude Sai, Justine Cawley, Lara O'Connell

Acknowledgements population capability, capacity and coherence

Maeve Gill, Donna Willis

Questions from the audience

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Time for a comfort break
See you all shortly

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Public Mental Health Implementation Centre

Uniting community physical activity organisations and NHS mental health trusts to support those with severe mental illness to live physically active lives: Co-SPACES

Matthew Faires

Research Fellow - SPACES Programme Manager | Institute for Health and Care Improvement | York St John University

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Uniting community physical activity organisations and NHS mental health trusts to support those with severe mental illness to live physically active lives: Co-SPACES

Matthew Faires

York St John University

Jones, G., Bowes, E., Burke, T., Faires, M., Machaczec, K., Quirk, H., Peckham, E.

Sheffield Hallam University | Advanced Wellbeing Research Centre

Background

- SPACES
  - Aims to increase PA to address physical health issues across SMI population
  - Co-produced PA intervention delivered within existing NHS services
  - National RCT effectiveness trial (NIHR funded)
  - Found feasible and acceptable

- Key component: NHS ~ Community Provider (CAP) link

- Co-SPACES: NIHR PDG grant

Co-SPACES focus

Unearthing the barriers and enablers for NHS mental health teams and CAPs to work together

Two overarching questions

1. How to support a PAC to identify and engage with CAPs?

2. How to aid CAP provision of PA opportunities to those with SMI?

Co-SPACES

Aim: Produce a resource to support NHS mental health teams and CAPs connect

- WS1 – Interviews
  - 33 interviews (*n*=16 PAC, *n*=17 CAP)
- WS2 – Completed National survey
  - 53 CAPs (range of size, geographical location and provision)
- WS3
  - x2 Multi-stakeholder co-production workshops

Co-SPACES – WS1 & WS2

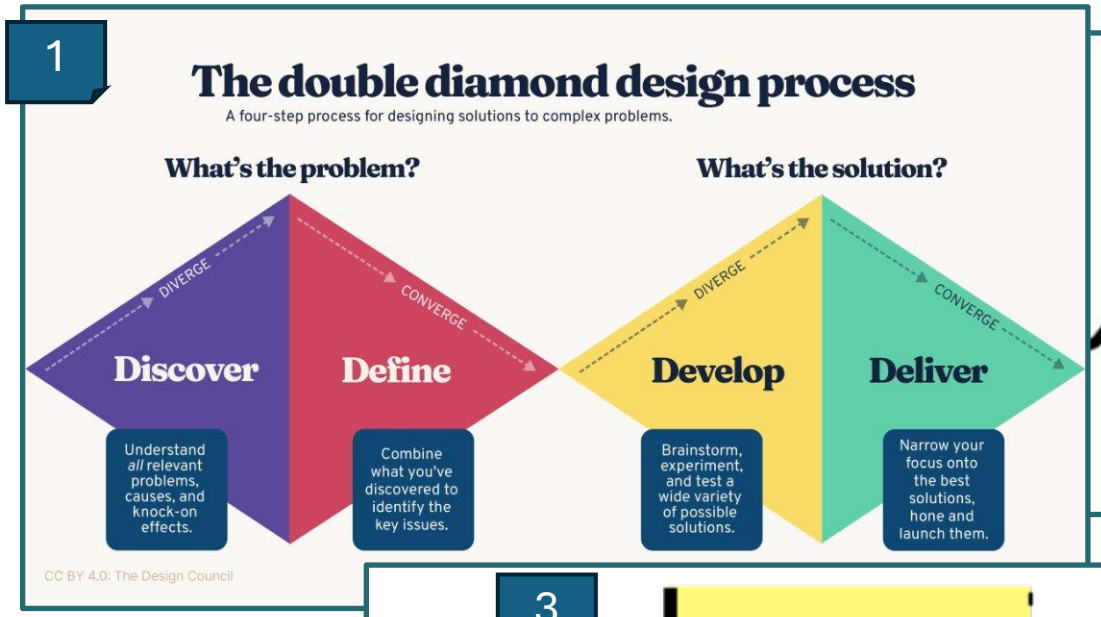
Light analysis to inform WS3

Problems	Solutions
PAC's existing relationships / **networks** with community providers (Lack of knowledge – Capability)	Transition, tailored/ graded approach (Capability + Opportunity – **missing layer of connection**)
Community provider's knowledge, experience, motivation and understanding of severe mental illness (Capability + Opportunity)	**What needs to change** (Capability + Opportunity - e.g., (all) staff training, resource, finance) within multiple sectors
Appropriate community providers **desirable characteristics** (Opportunity = Motivation)	Mapping local resources (Opportunity)
Understanding and working with the participant's individual motivation & connection with relevant providers (Opportunity)	CAP understanding and motivation to work with participant's individual motivation (Motivation (CAP))
	Staff training to suit their needs

WS3: Workshops

- Multi-stakeholder co-production
  - CAPs / Lived experience / NHS Professionals
- Six step process
  - Agree/define the question
  - Identify the problem
  - Prioritise the problem
  - Identify solutions
  - Prioritise solutions
  - Action plan for solutions

1



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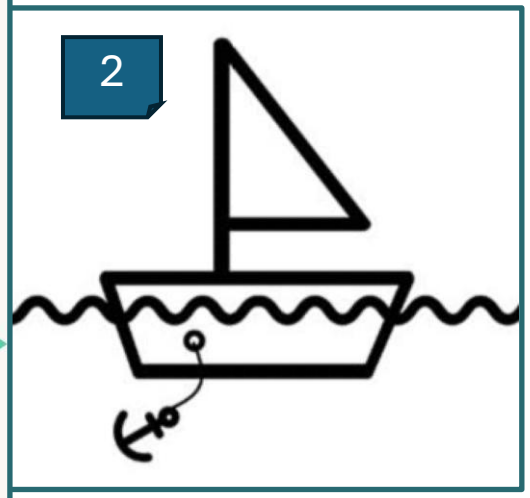

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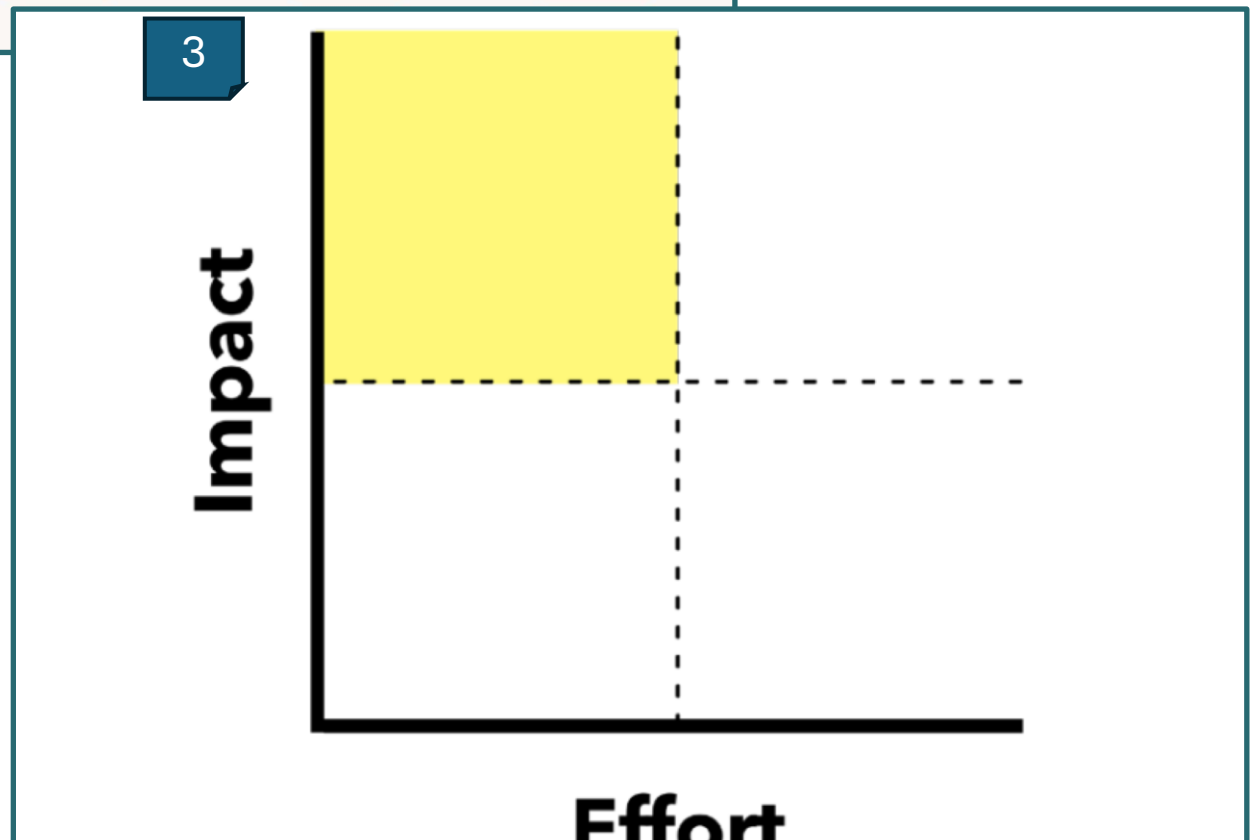


WS3: Workshop analysis

- Identified priority problems and realistic solutions

Question	Action Plan
How to support a PAC identify and engage with CAP?	Structure and PAC training: **Protected time** to connect with CAPs Resource: **Case studies** for CAP impact Resource: **Training opportunities** for CAPs (e.g., MH, stigma, SMI) Approach: Plug into local **networks** (not just CAPs themselves)
How to aid CAP provision of PA opportunities to those with SMI?	Resource: Build / integrate into CAP network and **share best practice** Resource: **Education and training** and share best practice Resource: Provide SMI **guidance notes** Approach: Work **collaboratively** with CAPs (variety of CAPs)

Practical learning through Co-SPACES

- CAPs lack of understanding of SMI and what's important
  - The small things matter the most (e.g., a smile, venue characteristics)
- Lack of national guidance
  - Opportunity: Connecting with charity, Mind.
- Need for dedicated roles and responsibilities
  - 'Link worker' a key position in NHS teams
- This is just the tip of the iceberg
  - National guidance and understanding
  - CAP training
  - Strategic NHS~CAP links

WS3: Resource

SPACES
Supporting Physical Activity through Co-production

Creating safe activity spaces for people with severe mental illness

What is severe mental illness?

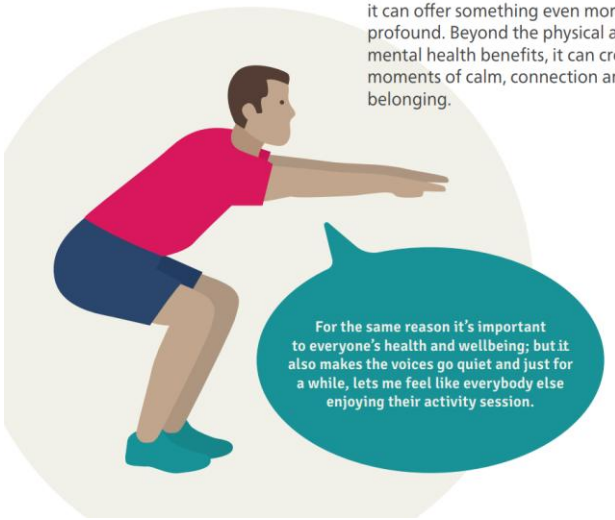
Severe mental illness (SMI) means different things to different people, but in the UK, it is officially defined as being diagnosed with conditions like schizophrenia, schizoaffective disorder and bipolar disorder. While it's different for everyone, these conditions can lead to people living with psychosis and experiencing hallucinations or delusional thoughts. Being diagnosed with SMI usually means that people experience things differently and this can make life more difficult.

What severe mental illness is not

This definition should not be seen to imply that other diagnoses … are not serious or severe or that they do not carry any associated physical health risks. This definition is used solely to align this booklet with national guidance for physical health checks.

Why is physical activity so important for people with severe mental illness?

Physical activity benefits everyone's wellbeing, but for many people living with severe mental illness, it can offer something even more profound. Beyond the physical and mental health benefits, it can create moments of calm, connection and belonging.



During the activity…

I know I have some needs, but basically, I just want to be treated like everyone else.

What actions might help me cope with my condition during the activity?

- ✔ Understand that every individual is different. I might need:
  - — Extra breaks or more time
  - — Additional instructions or demonstrations
  - — Quiet spaces to pause and regroup
- ✔ Be aware of the side effects of medication (e.g., tiredness)
- ✔ The instructor's previous knowledge of my physical activity readiness may also be useful, although some people with SMI may not like to fill out forms like the PAR-Q
- ✔ Celebrating all achievements – for me, turning up is a huge achievement
- ✔ Offer continuity – consistent instructors and sessions times help build trust
- ✔ Co-create spaces and offer sessions run with peer leaders or mental health champions
- ✔ A safe space to relax and/or socialise after the activity would be helpful
- ✔ Clear instructions of where to go and an idea of the room
- ✔ Reasonable group sizes in classes +_8
- ✔ Maintain a calm, sensory-considerate environment (no loud music or flashing lights)
- ✔ Encourage relationship-building between participants and community venue users – connection matters.
- ✔ Appropriate timing of any sessions – early afternoons help with medication

If you, a community provider, still do not feel confident in supporting those with SMI to engage in physical activities your offer, please see further guidance from NHS England and Open Mental Health.

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WS3: Resource

Creating a ‘safe’ activity space
Factors to consider

People

- [ ] Welcoming, friendly greetings upon arrival
- [ ] Optional pre-session introductions or inductions to help ease anxiety and build trust.
- [ ] Enough staff
- [ ] All staff are informed of SMI awareness and trauma-informed care
- [ ] Delivery staff are aware of the possibility of mobility issues due to medication
- [ ] Site induction offered (e.g., toilets, lockers)
- [ ] Peer support presence or wellbeing champions
- [ ] Participants have the option to bring a support person: friend, family, care worker

Place

- [ ] An open and light space
- [ ] Calming atmosphere with minimal sensory overload
- [ ] Quiet rooms or spaces to decompress
- [ ] Clear signage and easy to navigate entry points with discrete options
- [ ] Warm, clean and well-maintained facilities
- [ ] Clearly marked café area or drinks/refreshments that are affordable
- [ ] Defined outdoor areas for walking or gentle activity
- [ ] Transport access and parking options
- [ ] Video tour and images of venue
- [ ] Smoking / vaping areas clearly defined

Activities

- [ ] Low intensity session options
- [ ] Fun, relaxed, supportive atmosphere
- [ ] Cater for limited mobility
- [ ] Beginner sessions available
- [ ] Variety of activity options
- [ ] Have a social element

Find case studies of other people’s real life journeys

Check your readiness to be physically active

[Link to Resource]

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Questions from the audience

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Upcoming Events

- **Workshop (virtual)**
  Thursday 29th January 2026, 14.00-15.00

- **Learning Set (virtual)**
  Wednesday 25 February 2026, 13.00-15.00

If you would like to share your experiences of public mental health practice, including challenges and best practice at one of our future events, please email us at ***public.mh@rcpsych.ac.uk***

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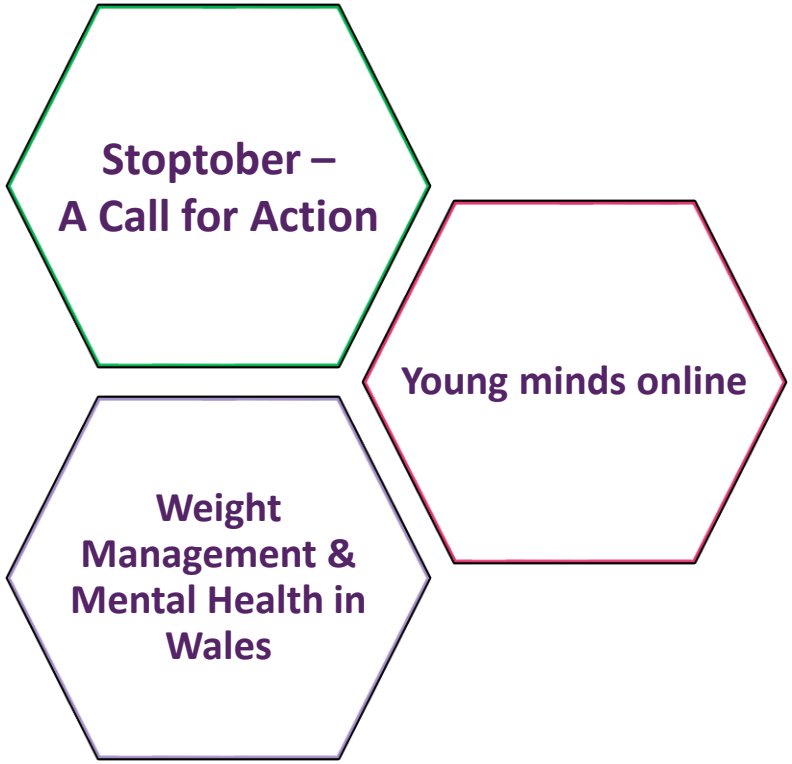
PMHIC Blog Series: Perspectives on public mental health

Aims to highlight the voices of public health experts, promote public mental health as an intrinsic part of psychiatry, and support College members and the wider public

Authors/Co-authors are invited to write blog posts that address current and relevant topics in public mental health

Format – co-produced and including a call to action that encourages reader engagement



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PMH Learning Community events 2026 and membership

If you would like to continue receiving information about the learning community and invitations to our monthly virtual events please complete our membership registration form

Public Mental Health (PMH) Learning Community: Membership Registration Form

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How did you find today's event?

We value your feedback as this helps us to continue to improve these events and ensure topics covered are meaningful and relevant to you and your work

Your PMH Learning Community
Event Experience

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Thank you and closing remarks

Dr Blossom Fernandes

Research Fellow | PMHIC

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