

Public Mental Health Learning Community Learning Set

Welcome, and thank you for joining today's event!

Our speakers today include:



Dr Megan Watkins
Head of Public Mental
Health Implementation
Centre (PMHIC)



Dr Claire Carswell
Registered mental
health nurse and NIHR
Advanced Research
Fellow, University of
York



Ollie John
Head of Dyfodol



Asmae Doukani
Post-doctoral researcher,
The London School of
Hygiene and Tropical
Medicine & St Mary's
University



Patrizia Pezzoli
Lecturer, Division of
Psychology and Language
Sciences; Projects Lead for
UCL's Children and Young
People's Mental Health
Strategy



Alka Ahuja MBE
Consultant child and
adolescent Psychiatrist,
Aneurin Bevan
University Health
Board; Chair for
RCPsych Wales; Vice
President RCPsych

Housekeeping points before we get started



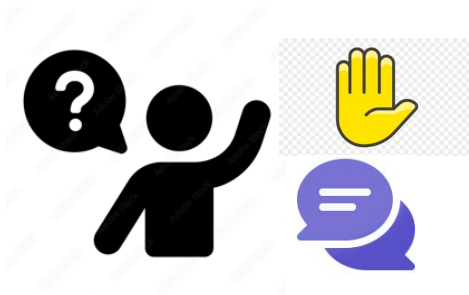
Recording the session



If not speaking, please mute

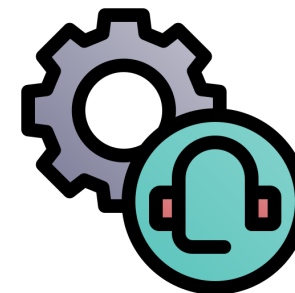


Camera on please,
if comfortable to



Please ask Questions

- Raise your hand
- Use the chat function



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

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

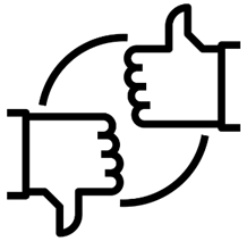
We seek to make decisions by consensus. Everyone's input is **equally** valued.

Shared principles



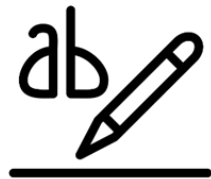
Contribute

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.

Today's agenda

Time	Speaker	Affiliation	Topic
1.00-1.10	Dr Megan Watkins	Head of Public Mental Health Implementation Centre (PMHIC)	Welcome and introductions
1.10-1.35	Asmae Doukani	Post-doctoral researcher at LSHTM and St Mary's University	Developing a theory of change to guide cultural adaptation and implementation of the Friendship Bench intervention for Black communities in London Followed by Q&A
1.35-2.00	Dr Claire Carswell	Registered mental health nurse and NIHR Advanced Research Fellow, University of York	Severe mental illness and kidney health: from inequity to action Followed by Q&A
2.00 – 2.05	Break		
2.05 – 2.30	Patrizia Pezzoli	Lecturer in the Division of Psychology and Language Sciences and the Projects Lead for UCL's Children and Young People's Mental Health Strategy	Towards personality – tailored relationship education Followed by Q&A
2.30 – 2.55	Alka Ahuja MBE & Ollie John	Consultant Child and Adolescent Psychiatrist, Aneurin Bevan University Health Board; Chair for RCPSYCH Wales; Vice President RCPSYCH Head of Dyfodol	"Cynefin – A Sense of Place" A National Public Education Programme to Ensure Young People's Voices are the Heart of Decision Making Followed by Q&A
2.55 – 3.00	Dr Megan Watkins	Head of Public Mental Health Implementation Centre (PMHIC)	Thank you and closing remarks



Developing a theory of change to guide cultural adaptation and implementation of the Friendship Bench intervention for Black communities in London

Asmae Doukani

Post-doctoral researcher | The London School of Hygiene and Tropical Medicine & St Mary's University

Public Mental Health (PMH) Learning Community

Adapting the Friendship Bench to Black Communities in London

Dr Asmae Doukani

Postdoctoral Researcher, LSHTM & St Mary's University
Global Mental Health Policy Module Organiser, LSHTM

Thursday 17th Sept 2026, 13:10-13:35



FRIENDSHIP BENCH

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



Today's agenda

- Introducing Friendship Bench Zimbabwe
- Mental health needs of Black communities in London
- How we adapted the intervention
- What we learned from qualitative findings
- Next steps



The Friendship Bench in Zimbabwe

Origins

Developed by Professor Dixon Chibanda — Problem-Solving Therapy (PST) and CBT delivered by trained community health workers in Zimbabwe.

Scale

Reached over **1 million people** across Zimbabwe with **3,000+ trained lay health workers** — rigorously evaluated through RCT.

Reach

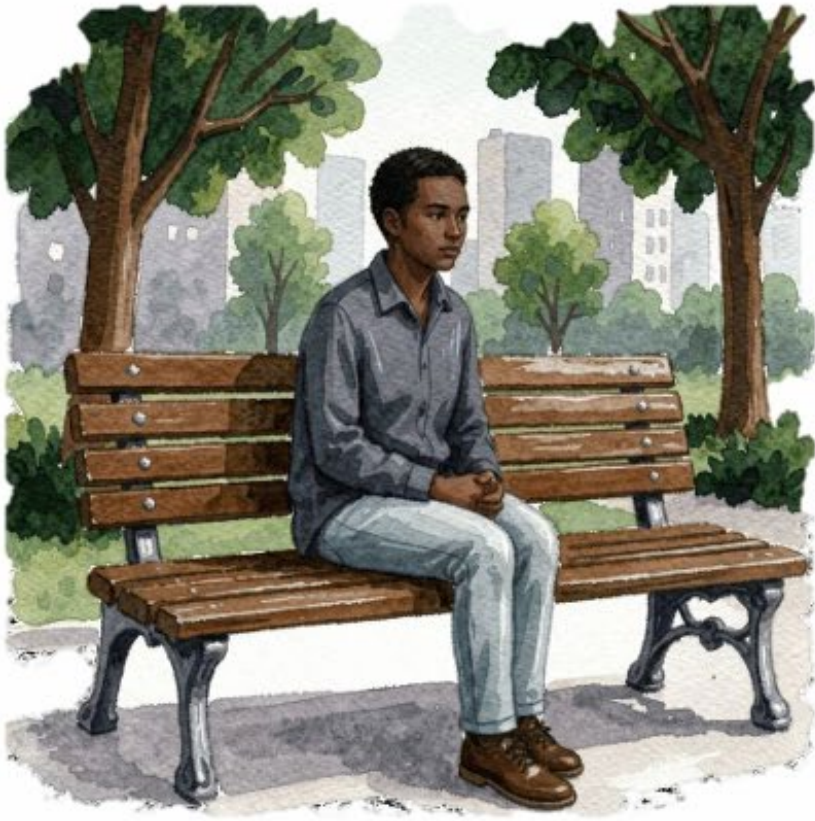
Now adapted in Kenya, Malawi, Zanzibar, and the US —a model that is expanding globally.

Core Strength

Culturally grounded, peer-led support groups that reduce stigma and bring care into the community.



Why Black Communities in London



The NHS provides free care, yet Black communities consistently report **mistrust in statutory services** and lack of cultural safety, making access feel unsafe even when it exists.

- Ethnic minority communities disproportionately affected by mental health difficulties
- **9 in 10** Black respondents report mental health stigma and discrimination had negative effects
- Strong preference for community-based settings over clinical environments
- Critical evidence gap for interventions tailored to ethnic minorities in the UK

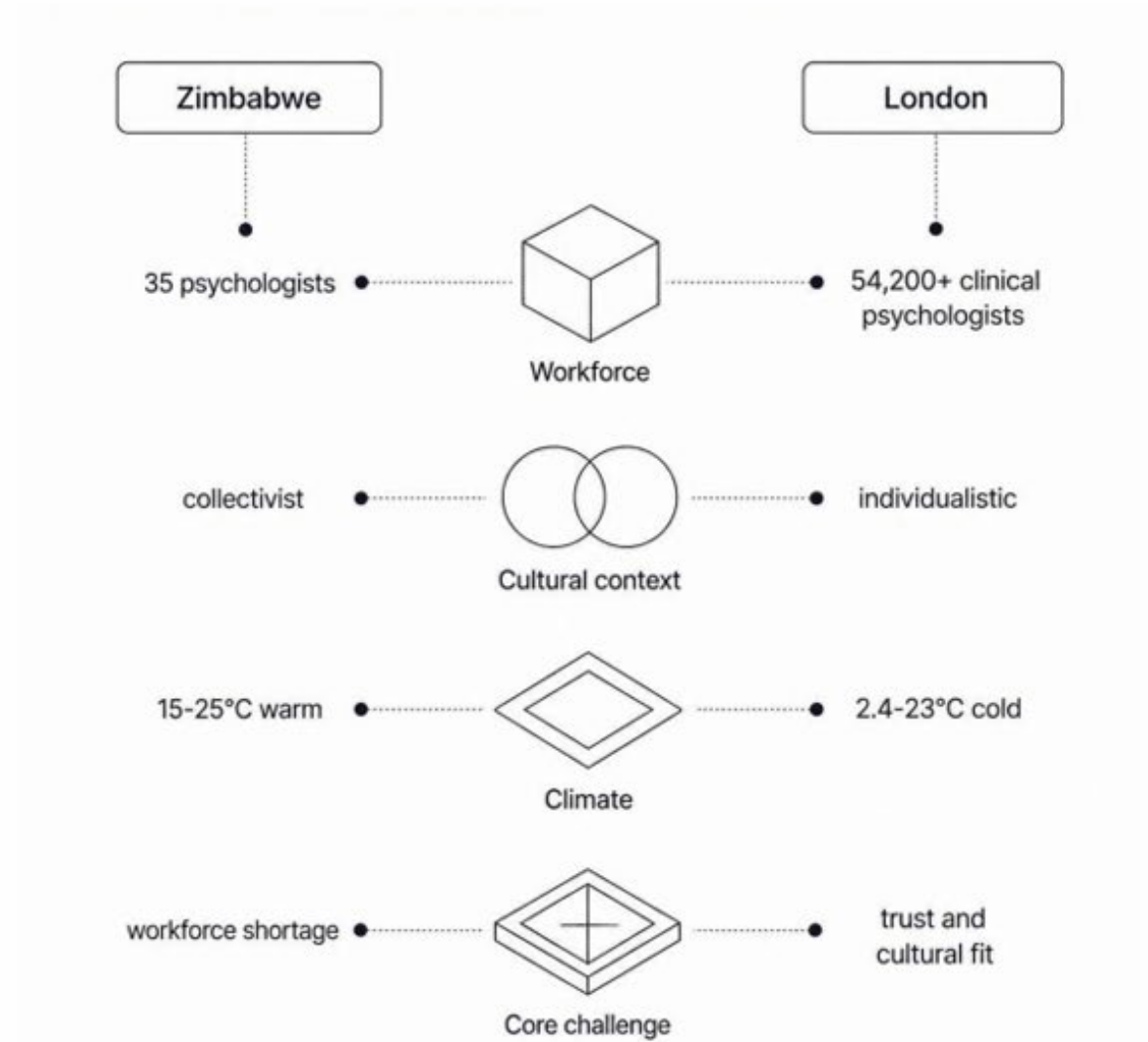
Why Black Communities in London



- Ethnic minority communities disproportionately affected by mental health inequalities
- Lack of evidence for effective mental health interventions for ethnic minorities
- Community interventions for ethnic minorities appear to be successful and well received

Friendship Bench (FB) deemed as a good fit

Key Differences between Zimbabwe & London



Adaptation process: ADAPT Framework



- Assess the rationale for intervention, and intervention context fit (step 1)
 - Context mapping
 - Qualitative interview
 - Theory of Change
- Plan and undertake adaptations (step 2)

What we found from qualitative findings

Racism as Root Cause

"As a Black person you're going to have these experiences because we live in a racist society. There is a cost on the body, on the mind to living in a sort of racist society."

Participants described cumulative racial stress, hypervigilance, and chronic emotional fatigue as central to their distress.

Services That Misread

"Distress being misinterpreted as aggression... often being misunderstood, and that leading to a downward spiral in terms of the stress, and therefore losing confidence in accessing additional support."

Existing services feel clinical, impersonal, and culturally unsafe.

Shared Identity Heals

"Identification makes it so much easier. There's so many things that can just then be unsaid that you just know. And that frees you of all that decision fatigue... because they just get it innately."

Peer delivery by those with shared lived experience is not a preference — it is a therapeutic necessity.

What We Adapted



Delivery Agents

Black lay practitioners with lived experience. "When there is something in common, the threat is reduced", shared identity lowers hypervigilance and builds immediate trust.



Setting & Feel

Community spaces, not clinics. "The Friendship Bench doesn't necessarily have to be a bench – somewhere more colourful with a relaxed feel." No name tags, no laptops, no barriers.



Content & Approach

Narrative therapy integrated alongside PST, "explorative, gives room to think about context and broader circumstances." Collective practices drawing on psychologies beyond Western frameworks.



Support Structure

Peer-led groups plus active signposting. "A linchpin person with community connections trying to empower people from that community", joining care to existing networks.



Next steps

Testing in practice

Test full adapted protocol with **Black lay delivery agents** and end-user and refine as necessary

Evaluate

Pilot and/or conduct full-scale evaluation to test **effectiveness** and **cost-effectiveness** in the UK context.

Scale

Scale-up through **NHS partnerships** and third-sector organisations - bringing the Bench to every community that needs it.

Key References

- Moore G, Campbell M, Copeland L, Craig P, Movsisyan A, Hoddinott P, et al. Adapting interventions to new contexts—the ADAPT guidance. BMJ [Internet]. 2021 Aug 3 [cited 2022 Nov 15];374. Available from: <https://www.bmj.com/content/374/bmj.n1679>
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- National Collaborating Centre for Mental Health. Advancing mental health equality [Internet]. London; 2019 [cited 2023 Mar 3]. Available from: https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/amhe/amhe-resource.pdf?sfvrsn=91062ea2_6
- NHS England. Advancing mental health equalities strategy [Internet]. London; 2020 Oct [cited 2023 Mar 3]. Available from: <https://www.england.nhs.uk/wp-content/uploads/2020/10/00159-advancing-mental-health-equalities-strategy.pdf>

Acknowledgements & Questions

Chief Investigator:

Professor Dixon Chibanda

Advisory Board:

- Professor Melanie Abas
- Ankiza Gakuna
- Dr Arlinda Cerga-Pashoja
- Chris Frederick
- Emily Wheeler (MQ Mental Health)
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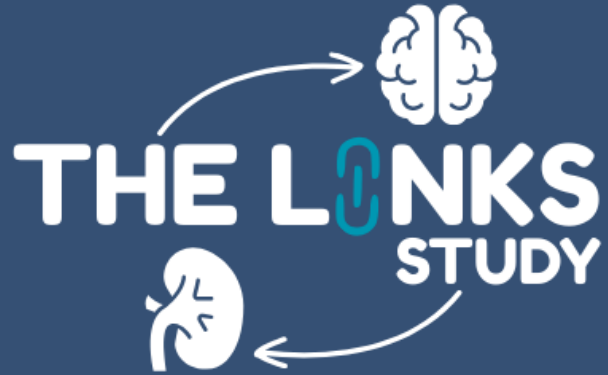


Questions from the audience

Severe mental illness and kidney health: from inequity to action

Dr Claire Carswell

Registered Mental Health Nurse & NIHR Advanced
Research Fellow | University of York



Severe mental illness and kidney health: From inequity to action

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Health and Care Research



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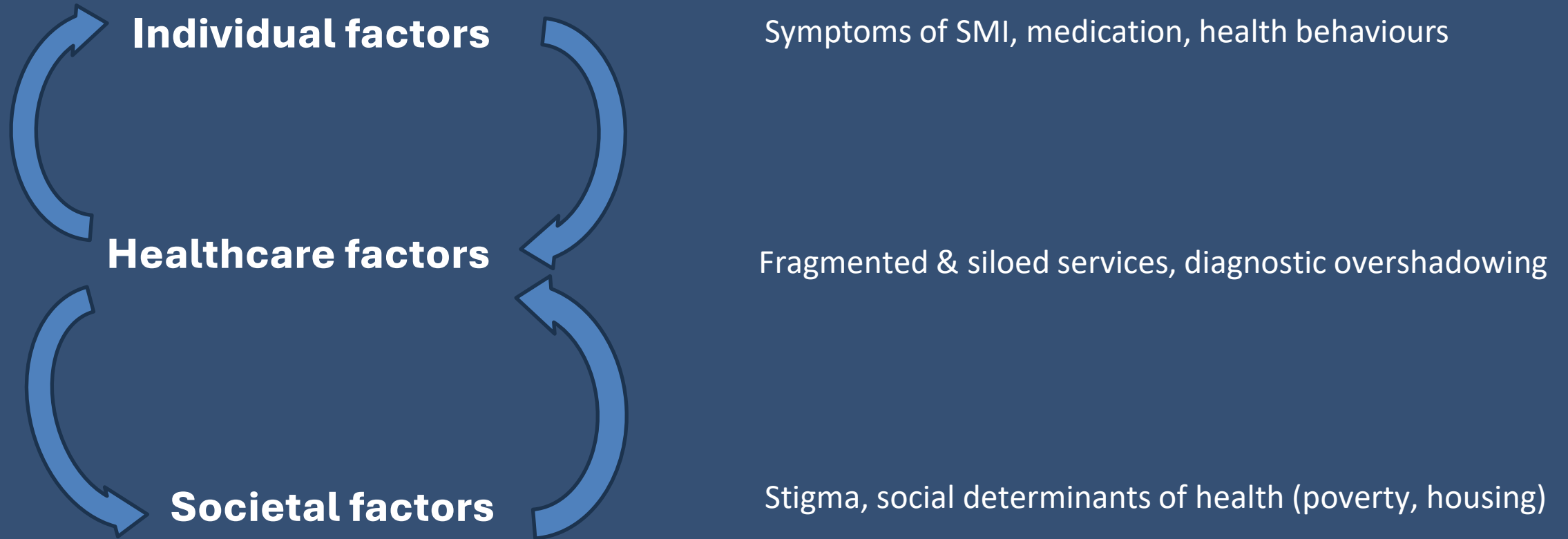
17/09/2026

Dr Claire Carswell

Severe mental illness and physical health

- People with SMI (Schizophrenia, schizoaffective disorder and bipolar disorder) die on average 15-20 years earlier than people without.
- Driven by physical health inequity:
 - 2-3 times higher rates of type 2 diabetes
 - 3 times higher rates of obesity
- The mortality gap is widening

Factors contributing to health inequality



Chronic kidney disease

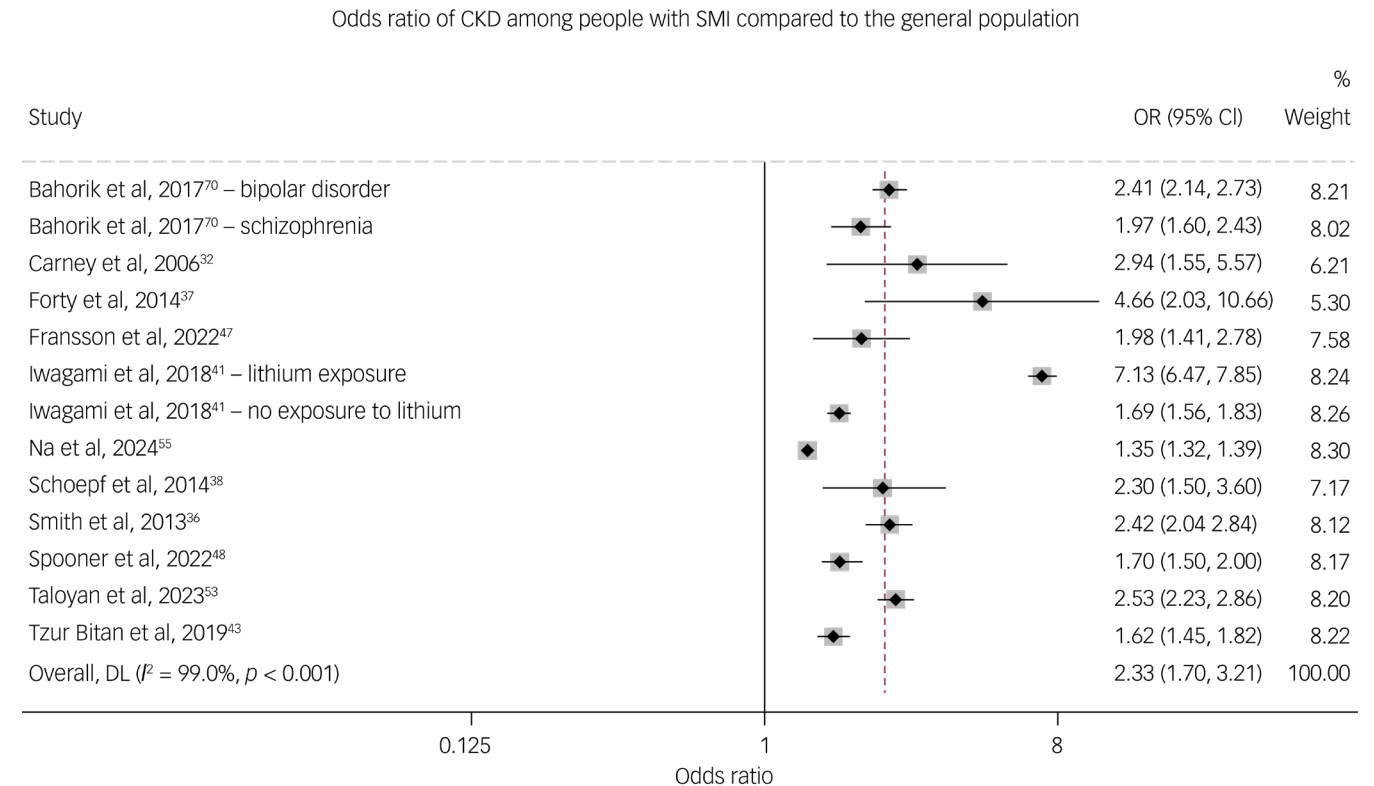
- Progressive, irreversible loss of kidney function
- Most common causes are diabetes mellitus and hypertension
- Prevalence is increasing globally – Set to become the 5th leading cause of life-years lost by 2040.

Severe mental illness and kidney disease

- Most research and policy focus on the impact of lithium on kidney health
- Less attention is given to other risk factors affecting the broader population of people with SMI.
- In the general population, the importance of kidney health is being recognised: Modern service framework for Cardio-Kidney-Metabolic health

Prevalence of CKD among people with SMI

- 2.2 times higher odds of CKD
- Elevated across all diagnoses
- 27.03 cases per 1000 pyrs
 - General population: 12.3 cases per 1000 pyrs

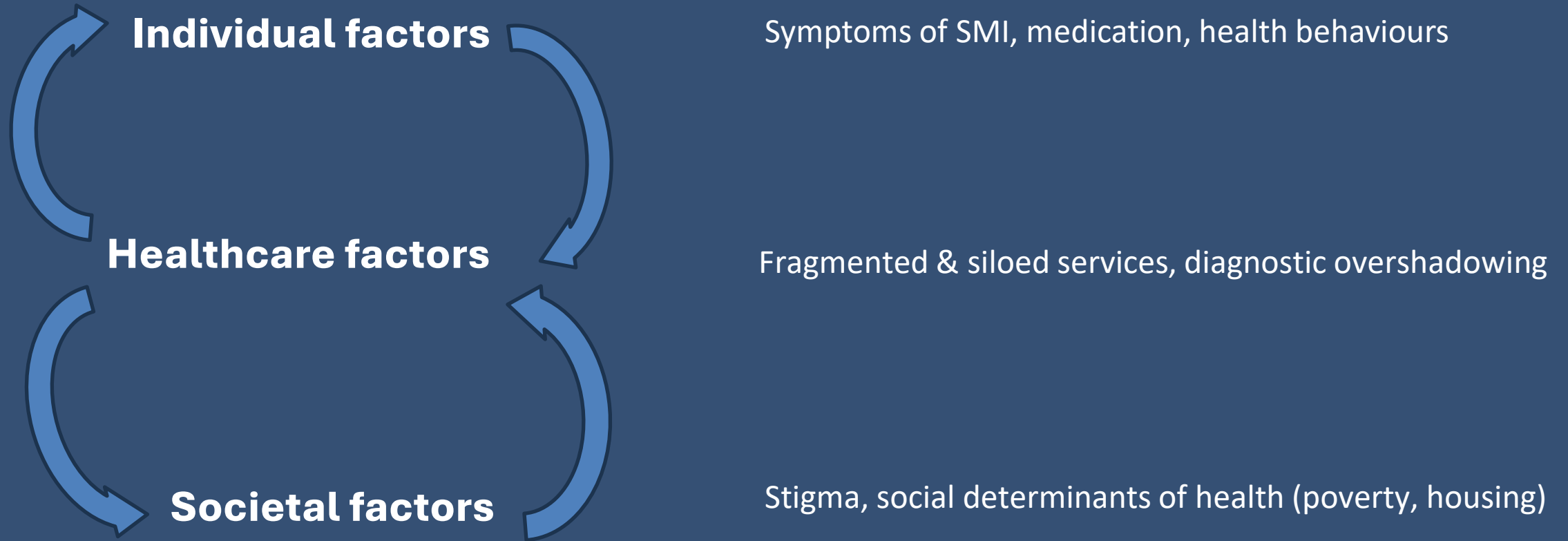


Carswell C, Nisbet RE, Khan J, et al. Prevalence of chronic kidney disease in people with severe mental illness: systematic review and meta-analysis. *The British Journal of Psychiatry*. Published online 2026:1-15. doi:10.1192/bjp.2026.10659

Impact of CKD

- CKD does not just impact the kidneys:
 - Currently, there is a focus on 'Cardio-Kidney-Metabolic health'
 - Cardiovascular events are the leading cause of death among people with CKD
- CKD is progressive, and kidney damage is irreversible.
 - Kidney failure (End-stage CKD/ Stage G5) has a substantial treatment and symptom burden.

Factors contributing to health inequality



Outcomes for people with SMI and CKD

- Incredibly limited research – no research comparing people with SMI and CKD to people with SMI without CKD.
- Research has focused on people with SMI who have advanced CKD (receiving kidney replacement therapy):
 - Increased rate of all-cause mortality compared to people without SMI (HR= 2.47)*
 - Increased rate of CKD mortality compared to people without SCZ (HR= 5.48 (2.91, 10.32)^

*Hsu YH, Cheng JS, Ouyang WC, Lin CL, Huang CT, Hsu CC. Lower incidence of end-stage renal disease but suboptimal pre-dialysis renal care in schizophrenia: A 14-year nationwide cohort study. PLoS One. 2015 Oct 15;10(10):e0140510.

^Zhu N. Mental illness in chronic kidney disease : prognosis, drug utilization, and treatment outcomes [Internet]. Karolinska Institutet; 2023 [cited 2026 Sept 6]. Available from: <https://hdl.handle.net/10616/48887>

We have a very narrow view of the issue

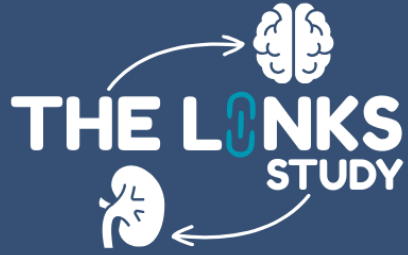
- Current research has focused on people with SMI who have come under the care of nephrology services:
 - Most people with CKD are managed in primary care
 - Findings from earlier scoping review:
 - People with SMI less likely to receive specialist nephrologist care.
 - People with SMI less likely to receive KRT – and haemodialysis most common out of all modalities
 - People with SMI are less likely to progress to kidney failure (?)

So what can we do?

- More research
- Look to learning from relevant (if indirect) guidelines
 - Cardio-Kidney-Metabolic Modern Service Framework: Routine testing for kidney disease.
 - Don't just screen; intervene (SGLT2-inhibitors)
 - Education for healthcare professionals to understand interactions
 - Identify ways to engage people with SMI in physical healthcare:
 - Learning from the DIAMONDS programme, PRIMROSE and STEPWISE

“For people who have several physical and mental health comorbidities, you just can’t say, “I’m only dealing with your kidney here”. Because the whole person is involved. You can’t take your kidney out and leave it on the table.” - PwSMI

“I don’t know what game the mental health services are playing at, but not one of them has ever asked me about his kidney disease. They don’t give a flying fig. So they don’t monitor. They’ll let him drink coffee all day, which he shouldn’t, because his kidneys are failing.” Family member



Thank you for listening

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<https://sites.google.com/york.ac.uk/thelinksstudy/home>

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NIHR | National Institute for
Health and Care Research



UNIVERSITY
of York



Questions from the audience

Time for a comfort break

See you all shortly



Towards Personality – tailored relationship education

Patrizia Pezzoli

Lecturer | Division of Psychology and the
Language Sciences

Projects Lead | UCL's Children and Young
People's Mental Health Strategy



Questions from the audience



“Cynefin – a Sense of Place” A National Public Education Programme to Ensure Young Peoples Voices are at the Heart of Decision Making

Alka Ahuja MBE

Consultant Child and Adolescent Psychiatrist |
Aneurin Bevan University Health Board

Ollie John

Head of Dyfodol



“Cynefin - a Sense of Place”

A National Public Education Programme

To Ensure Young Peoples Voices Are at the Heart of Decision Making

Alka S Ahuja

Oliver John



Introduction

- 'Cynefin' (kuh-nev-in) has many layers of meaning - conjures a very personal 'sense of place', belonging, familiarity, and relationship to the place of your birth or upbringing
- New school curriculum in Wales - encourages young people to gain a fuller understanding of their identities, communities and histories that come together to form their 'cynefin'

Purpose

Develop a national and cultural programme of public education, co-produced with young people, that enabled them to explore issues that matter to them; whilst ensuring that these issues were at the heart of decision making in the National Parliament of Wales 'Y Senedd'

What we did?

- Series of design workshops by the RCPsych Wales and co-produced with young people across Wales
- Engaged with >5000 young people
- Delivered across different mediums- school debates, workshops, social media campaigns, and opportunities for young people wishing to pursue careers in mental health
- Support from identified partners; Literature Wales, the Childrens Laureate Wales, National Association of Head Teachers, the URDD, and the Senedd
- Programme delivered bilingually, in English and Welsh, and across primary and secondary schools throughout Wales

Mental Health Debates

- **Delivered a series of facilitated mental health debates exploring issues that are important to young people** 1,280 pupils have engaged in formal debates
- **Informed and influenced the development of the National educational curriculum in Wales** The Minister for Education highlighted the debate programme as 'best practice' during an inquiry into young peoples mental health
- **Complimented through further creative opportunities-** The National Children's Laureate undertook a series of creative workshops with Schools, capturing themes that were then animated and shared through social media campaigns.

Debates and related events

- High school debates (2015) and Primary school debates (2016)
- Young people choose the topics and debate
- Welsh Government ,Children's Commissioner, 3rd sector, Lay representative, pathfinder fellows, medical students, trainees
- Seminars, workshops, key note lectures
- Hybrid & Bilingual debates



- ‘This house believes that social media makes us antisocial’
- ‘This house believes that we are too concerned with how we look’
- ‘This house believes that school is bad for your mental health’
- ‘This house believes that good exam results are critical to success’
- ‘This house believes that gaming is good for your mental health’
- ‘Is Technology good for your mental health?’
- ‘Can young people prevent climate change?’

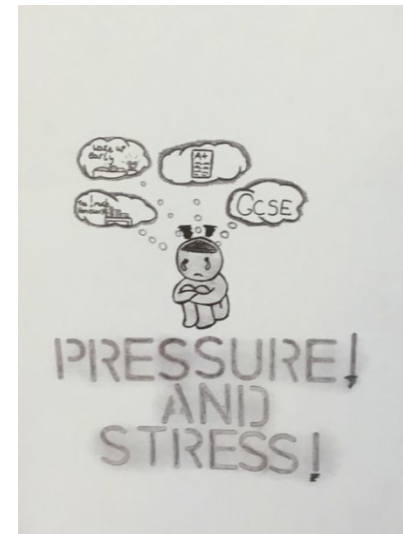
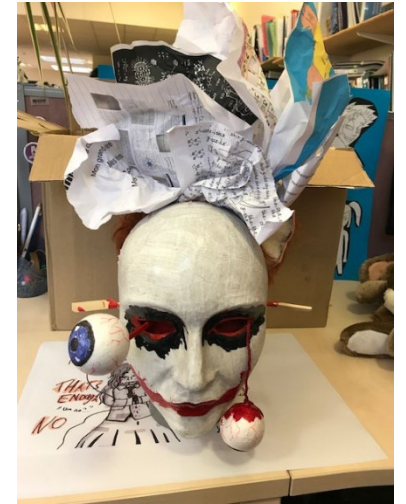




Debates and related events



- Working together (2017)- joint Welsh Government and RCPsych event
- Time to Talk (2018)- debate, artwork, essay/poetry, I can challenge
- Joint NAHT and RCPsych conference (Dec 2018)
- Whole school approach conference (2019)
- Climate change panel discussion (2023)





Dadleuon ysgolion School Debates

Creative Opportunities

A participatory and creative project with the Childrens Laureate Wales on the subject of the impact of digital on mental health

- 4 creative workshops
- 38 pupils (aged 10-11) across 2 primary schools
- Developed an animated poem inspired by the reflections of young people
- [Keys to the Future - Literature Wales](#)

Senedd Cross Party Group - Climate Change

Informed the creation of the Senedd Cross-Party Group on Climate, Nature & Wellbeing - co-chaired by a Member of the Senedd and the Youth Climate Ambassadors

- The Cross-Party Group is the only parliamentary group, co-delivered with young people in any European parliament
- Creation of the Cross-Party Group in collaboration with the Youth Climate Ambassadors and Plaid Cymru spokesperson for Climate Change, Energy and Transport featured in RCPsych Insight Magazine (Winter 2022-23)



Social Media

Produced a series of YouTube videos of discussion, led by young people [Positivi-Tea - Relationships - YouTube](#)

- 4 Videos on relationships, loneliness, finance, and body image
- A further video on social media abuse received 240,000 views and a cameo from the actor Michael Sheen (*Jess Davies et al. 2021 Be Kind, Be You*)
- CARIAD digital resources on You tube coproduced with young people, carers and professionals

Summer School

Established a Summer School for young people interested in careers in mental health

- An insight into a range of professions across healthcare, mental health and research
- Scheduled activities in the Senedd
- All 6 attendees of the 1st Summer School were successful in applications to their first-choice university studies
- Collaborating with other Royal colleges since 2023





Cultural Programme

Established a partnership with the URDD Eisteddfod (Europe's largest youth festival)

- The programme hosted a wellbeing zone 'Nant Caredig'
- Displayed the work of the Cynefin programme
- 180,000 people visited the Eisteddfod and viewed the work of the Cynefin



National Young Person's Mental Health Research Award

- Annual programme to encourage young people interested in pursuing a career working in health and social care
- Promote research, innovation, and awareness of Mental Health among young people in Wales
- As well as offering a prize, the winners' work is displayed on the college website and they are invited to the Wales Annual Academic Conference
- Our previous winners are now studying medicine, PPE and sociology in university
- Video Abstract - <https://youtu.be/tT0GWBLOlZg>

Young Peoples Advisory Panel

- Offers opportunities and exposure to health and social care
- Sixth form students, medical students, young people pursuing DOE award, HEIW digital trainees, MSc Psychology students (Cardiff and Swansea) students etc.
- National conferences, debates , develop educational resources, publications, Welsh Government reports , posters at conferences, joint working with other colleges/organisations etc

Background

To understand the impacts of the COVID-19 pandemic, scientific evidence alone isn't the only reliable source to inform public and policy. In the United Kingdom (UK), a country where the pandemic has had hit, the experience has been a time unlike no other for our younger population and an opportunity for them to voice their opinions on a subject that concerns them greatly – the environment.

Aims

At the start of the pandemic, Technology Enabled Care team (TEC Cymru) identified environmental impacts as a significant benefit to remote healthcare – a service that dominated much of NHS Wales patient care during the pandemic

Method

TEC Cymru were keen to learn more about environmental impacts beyond that of remote healthcare, especially from younger people, by generically asking 'how has the COVID-19 pandemic impacted on the environment'. Video clips were used to gather the data. Full ethical permissions and consent were granted.

Results and Quotes:

The view of young people, ranging between 2 to 23 years old across Wales UK, shared comparable observations of environmental impacts to that of world-wide experts. The emerging themes were

a) Travel, Emissions and Air Pollution.
 "Well, there's less cars, buses, trains boats and all vehicles around... (Female, 9 years old, Cwm Taf Morgannwg UHB)
 "...so it reduces the gases in the air" (Male, 8 years old, Cwm Taf Morgannwg UHB)

b) Water Pollution and Beaches.
 "It's good, because now there's less plastic in the sea because nobody's allowed out" (Female, 10 years old, Cwm Taf Morgannwg UHB)

c) Protection of Animals and Wildlife.
 "Wildlife are probably roaming in new areas... and less being knocked over on main roads" (Male, 10 years old, Swansea Bay UHB)

d) Recycling and Plastic Waste.
 "We all need to really focus on making sure we're disposing this plastic waste correctly otherwise it's going to end up in our eco-systems" (Female, 21 years old, Anserin Bevan UHB)

e) Food and Energy Waste.
 "As people are home, they're wasting less food and also in light of the recent free school meals campaign I think people are more aware and conscious of their food waste" (Female, 17 years old, Cardiff & Vale UHB)

Conclusions

The young people present a well-balanced debate, reflecting on both positive and negative environmental impacts, with common-sense recommendations. The combined themes were translated into a short video that was developed along with the TEC Cymru Young Peoples advisory panel.



Cylchgrawn Peditrig Cymru
Cylchgrawn Cymdeithas Peditrig Cymru

The Welsh Paediatric Journal
The Journal of the Welsh Paediatric Society

You Retweeted

Cwtchgwent @cwtchgwent · Sep 24

Two of the @teccymru Young Person Advisors Abbie & Ebony arguing 'for' the future of digital in CAMHS.

@RcpsychCAP @RCPsychWales
@BryntegSchool @AlkaSashin

Children, Young People and Education Committee

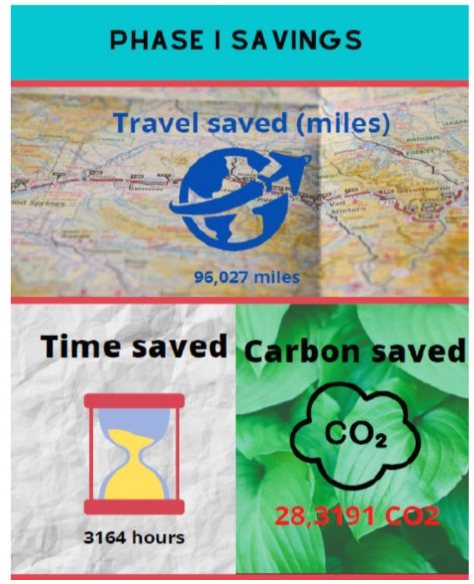
Thursday, 4 March 2021
09.15-11.00
 Watch live on Senedd.tv

COVID 19: Evidence session - mental and physical health

09.15 - 10.45

- Professor Ann John, Professor of Public Health and Psychiatry at Swansea University Medical School and Chair of the National Advisory Group to Welsh Government on the prevention of suicide and self-harm
- Dr Alka Ahuja, Consultant Child & Adolescent Psychiatrist & National Clinical Lead, TEC (Technology Enabled Care) Cymru and Public Engagement Lead, Royal College of Psychiatrists Wales
- Professor Adrian Edwards, Professor of General Practice at Cardiff University, Director of the new Wales COVID-19 Evidence Centre, Director of PRIME Centre Wales (all-Wales centre for primary and emergency care research) and part time GP
- Dr David Tuthill, Consultant Paediatrician and Officer for Wales at the Royal College of Paediatrics and Child Health

Senedd Cymru
Welsh Parliament



Health appointments by phone, video or in person

For Young People

“I think I need a health appointment”

If you need a health appointment, health workers (e.g. doctors, nurses, physiotherapists, pharmacists, mental health workers, receptionists and youth workers) are here to help you with your physical or mental health, or to signpost you to other places for support.

Deciding whether to have an in person, phone or video appointment, is based on your choice, your medical needs and whether it is an emergency or not.

To help you get the best out of your health appointment, we've put together this handy guide that explains the process and what to expect. Read on to find out more.

Getting an appointment

You might book appointments directly with a receptionist, or drop in to see them, or get sent an appointment letter.

Your appointments should meet your needs and help you to feel safe, supported and able to talk about your health privately and confidentially, in person, on the phone or by video.

i Receptionists or secretaries might ask you questions to help get the right worker for you. This is confidential and the same for all patients of all ages. If you prefer you can discuss this directly with your health worker.

What to expect at your appointment

It is important that you get to share your views and wishes in order to get the right health support. You may have to wait to see or speak with a health worker. If it is not an emergency, this is normal.

Health workers are happy to see you with someone or on your own in person, on the phone or by video. If you have an appointment on the phone or on video, tell the health worker if you can't see them in the room with you and ask them to say hello to each other.

i There may be other workers that join the appointment. They will tell you who they are, why they are there and check that you are happy to speak with all of them.

Remember: We are here to listen if you need to talk to someone about your health

Young Peoples Advisory Panel

CARIAD- Digital Stories

HOME

VIDEOS

PLAYLISTS

CHANNELS

ABOUT



Autism Myth Buster (Welsh Subtitles)

19 views • 4 years ago



Autism Myth Buster

40 views • 4 years ago



Sleep Tips (Welsh Subtitles)

19 views • 4 years ago



Toileting Tips (Welsh subtitles)

30 views • 4 years ago



CAMHS Film (Welsh Subtitles)

195 views • 4 years ago



CAMHS Film

523 views • 4 years ago



Diet or Disorder App - Welsh

16 views • 4 years ago



Diet or Disorder App

29 views • 4 years ago



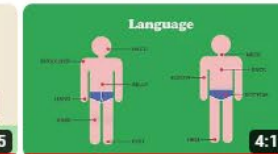
Nic - Sleep Story

18 views • 4 years ago



Sleep Tips

16 views • 4 years ago



Toileting Tips

23 views • 4 years ago



Autism Myth Buster

19 views • 4 years ago



Health Foundation Grant Application

49 views • 4 years ago



Post Diagnosis

18 views • 4 years ago



Zoe - ADHD Story (Welsh subtitles)

57 views • 4 years ago



Post Diagnosis (Welsh subtitles)

23 views • 4 years ago



Zoe - ADHD Story

22 views • 4 years ago



My Life With OCD

14 views • 4 years ago



Living With ADHD

14 views • 4 years ago



Good For Both Of Us

2 views • 4 years ago



We're All Unique

33 views • 4 years ago



The Diagnosis Jigsaw

52 views • 4 years ago



I Am Me

17 views • 4 years ago

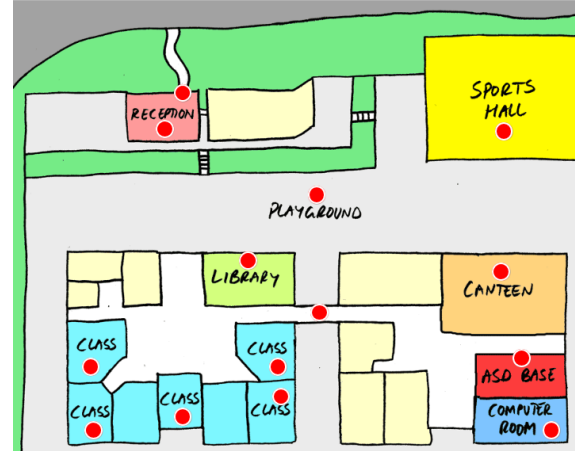
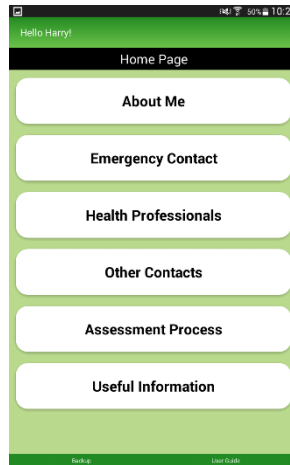


Doing it Together

36 views • 4 years ago

[Dr Alka S Ahuja - CAMHS - YouTube](#)

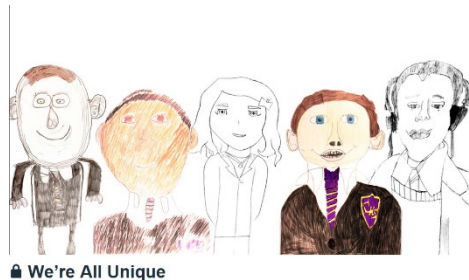
Digital Coproduction



Co produced Apps

Sound walk for ASD

CWTCH



Digital stories

VR

Virtual groups



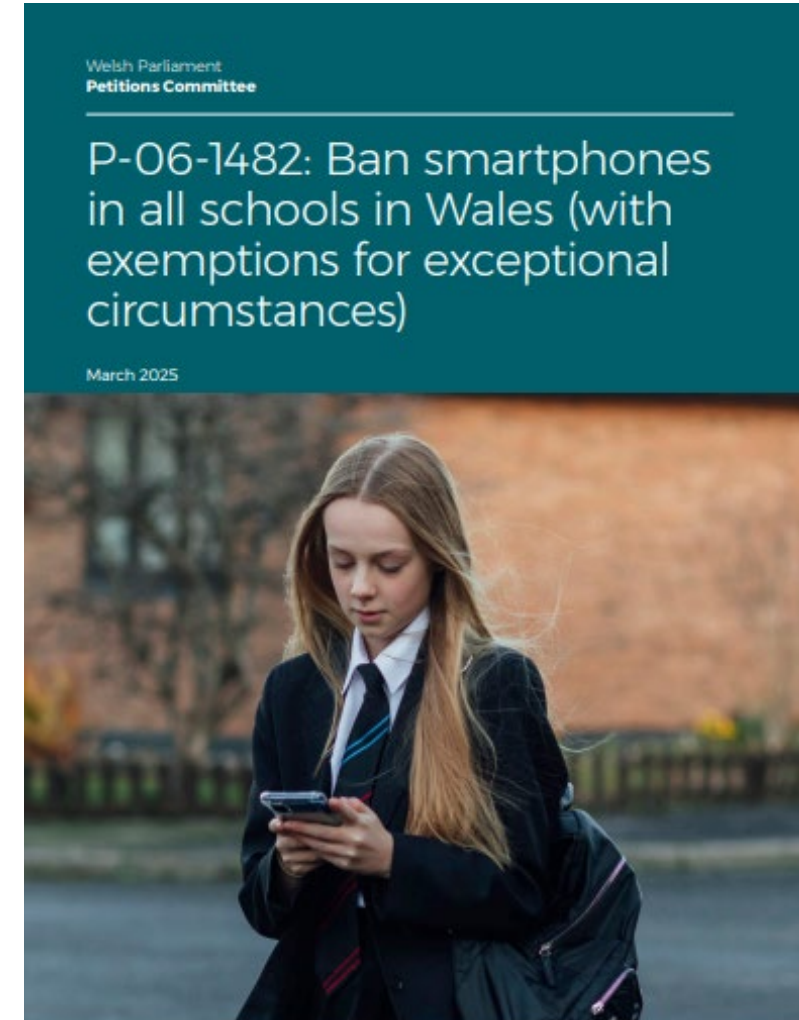
Technology enabled remote monitoring in schools



Ministerial visit

- Our Health Minister (Eluned Morgan) and Deputy Minister for Health and Wellbeing (Lynne Neagle) attended a school visit with us in 2023
- Pupils in Brynteg school presented the TERMS remote monitoring model and equipment and **freely shared their opinions and experiences**

Senedd February 2025



Welsh Parliament
Petitions Committee

P-06-1482: Ban smartphones
in all schools in Wales (with
exemptions for exceptional
circumstances)

March 2025



senedd.wales



Next Steps

- Share our learning – sustainable and scale up
- Influence policy- Senedd drop in sessions
- Dissemination and Publications
- Legacy Programme





Diolch Thank you

Cadwch mewn cyswllt...
Stay in touch...



Alka.ahuja@wales.nhs.uk



[RCPsych in Wales](https://www.rcpsych.ac.uk/wales)



Thank you to all our young people, carers, RCPsych Wales team and colleagues



Questions from the audience

Thank you and closing remarks

Dr Megan Watkins

Head of PMHIC



Upcoming Events

- **Workshop (virtual)**
26th October 2026 (Monday) at 2pm
- **Learning Set (virtual)**
25th November 2026 (Wednesday) at 10am

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



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

Dental health and
mental health: six
clinical facts

Stoptober - A Call
for Action

Health Inequalities
Briefing Pack:
What is it and how
should we use it?

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**

