

# Public Mental Health Learning Community Learning Set

Welcome, and thank you for joining today's event!  
We will start at 14:00

Our speakers today include:



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



**Associate Professor Anna  
Mankee-Williams**  
Associate Professor in Arts  
and Health | Falmouth  
University



**Professor Nicola Shaughnessy**  
Professor of Performance |  
University of Kent



**Professor Siobhan Hugh-Jones**  
Professor in Mental Health  
Psychology | University of Leeds

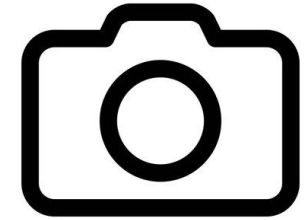
# Housekeeping points before we get started



Recording the session



If not speaking, please mute

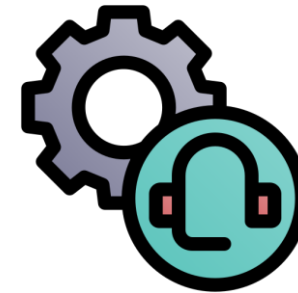


Camera on please,  
if comfortable to



Please ask Questions

- Raise your hand
- Use the chat function



Tech issues, please contact  
[public.MH@rcpsych.ac.uk](mailto: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

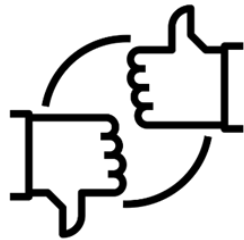
We seek to make decisions by consensus. Everyone's input is **equally** valued.

# Shared principles



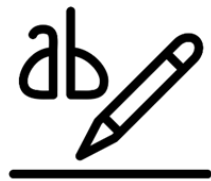
## Contribute

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

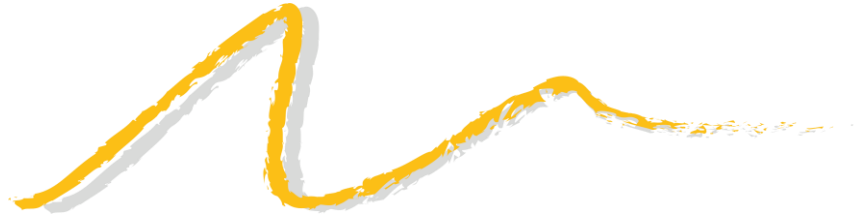
Time	Speaker	Affiliation	Topic
14:00-14:15	Dr Megan Watkins	Head of Public Mental Health Implementation Centre (PMHIC)	Welcome and introductions
14:15-14:45	Associate Professor Anna Mankee-Williams	Associate Professor in Arts and Health   Falmouth University	ATTUNE project – setting the scene  A participatory arts-based exploration of young people's mental health following adverse childhood experiences
14:45-15:15	Professor Nicola Shaughnessy	Professor of Performance   University of Kent	ATTUNE project: ATTUNING to ACES creatively  Followed by Q&A
<b>Break (10min)</b>			
15:25-15:55	Professor Siobhan Hugh-Jones & Associate Professor Anna Mankee-Williams	Professor in Mental Health Psychology   University of Leeds	ATTUNE project: What young people want: Validating Voices  Followed by Q&A
15:55-16:00	Dr Megan Watkins		Thank you and closing remarks

# ATTUNE Project

Participatory arts-based  
exploration of young people's  
mental health following  
adverse childhood experiences

Associate Professor Anna Mankee-  
Williams

Associate Professor in Arts and Health | Falmouth  
University

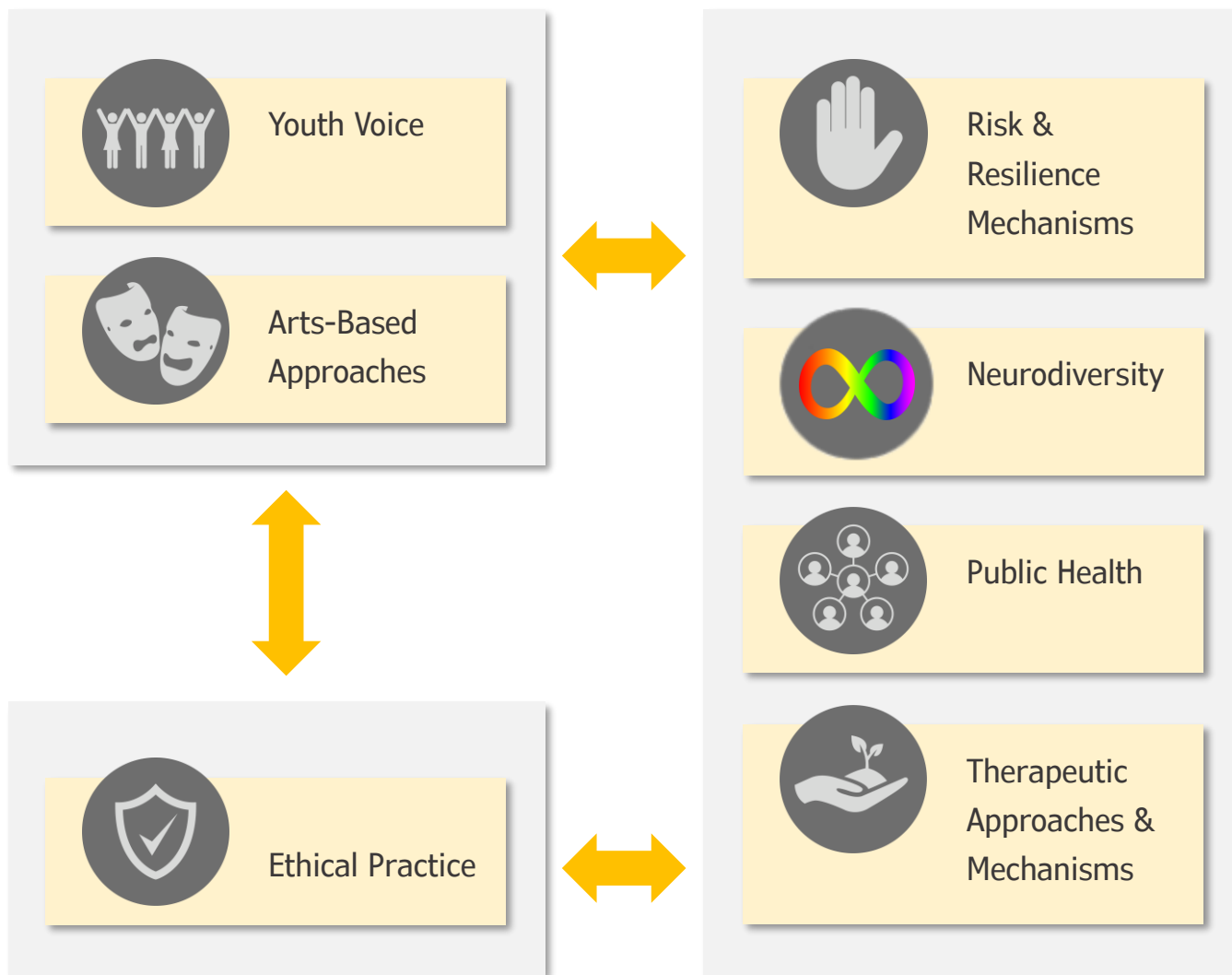


# ATTUNE

- Create a paradigm shift by harnessing the powerful potential of creative arts and participatory processes with young people
- Learn how multiple ACEs, diverse places & diverse identities shape pathways and outcomes for youth mental health
- Develop transformative arts-led interventions to reach young people and the systems around them



# Vision & Ambition

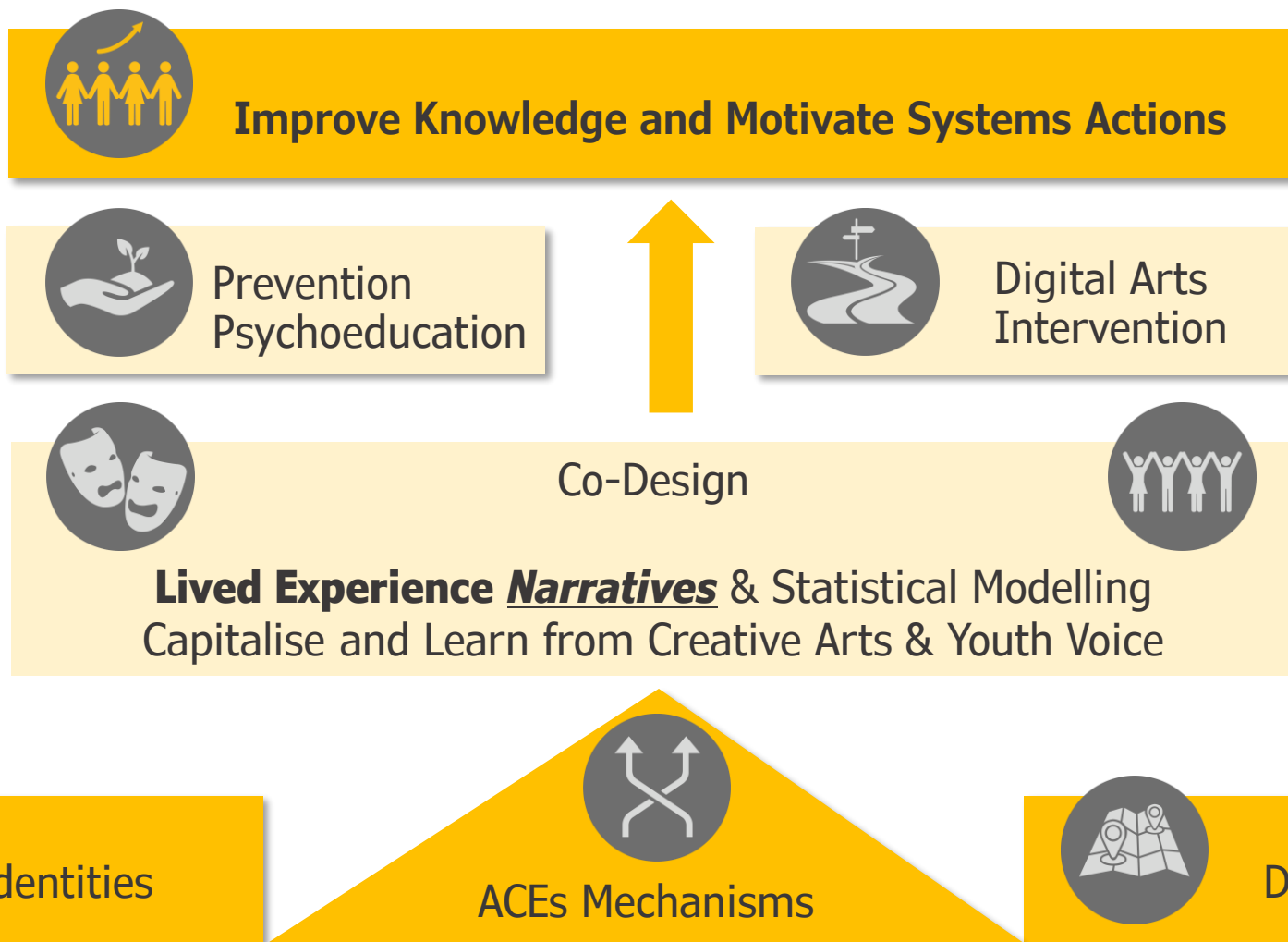


## Research Questions

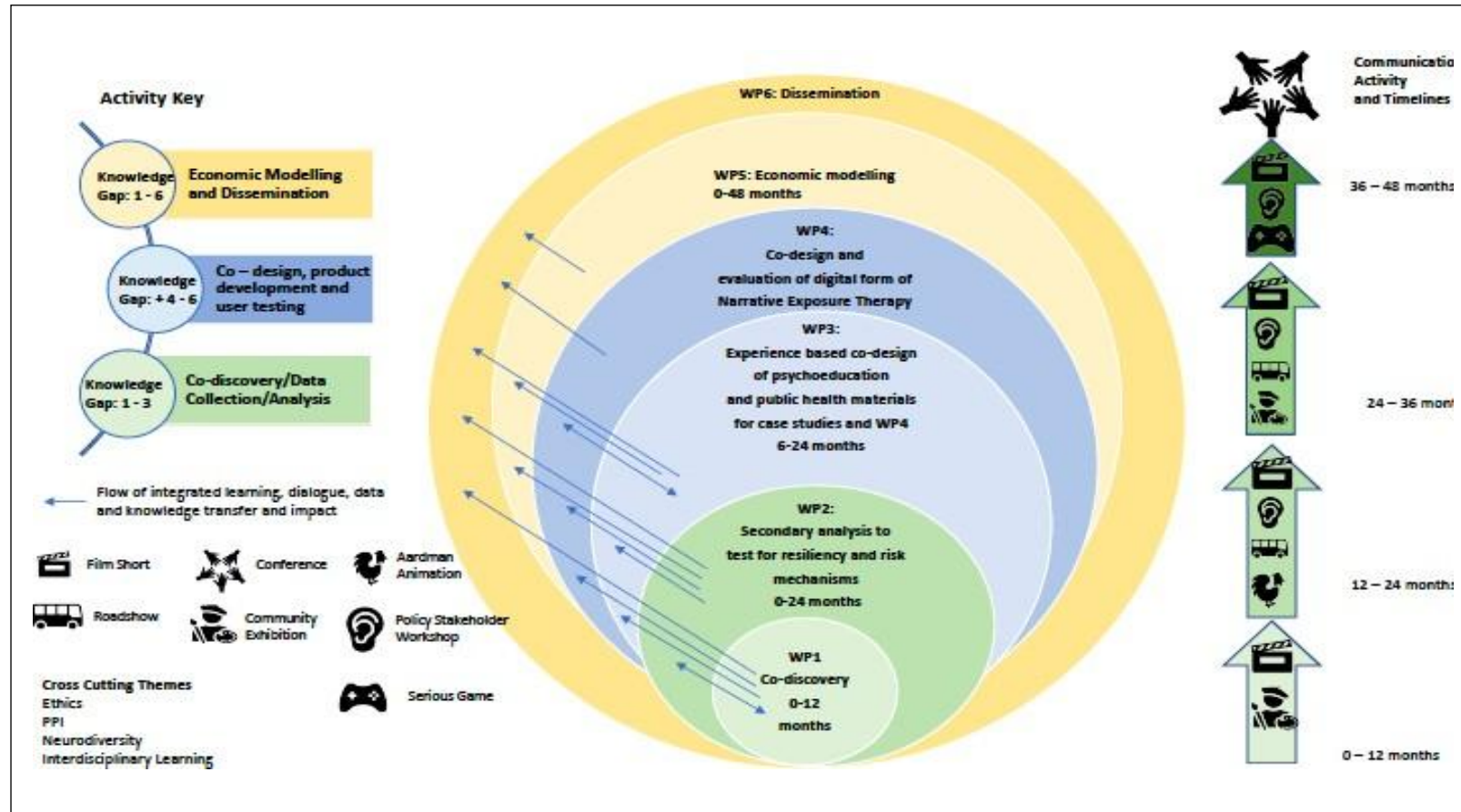
What are the psychological and geo-social-economic contextual **mechanisms** by which ACEs unfold to affect or safeguard the mental health and lives of YP (aged 10-24)?

Are co-designed, youth-informed public mental health resources and digital arts interventions for ACEs - **actions acceptable, feasible, and beneficial** for YP, and a good use of resources?

# Programme Overview



# Research Approach



# Categories of art- based practice in relation to health research

Performing arts (e.g. activities in the genre of music, dance, theatre, singing and film)

Visual arts, design and craft (e.g. crafts, graphic design, product design, painting, photography, sculpture and textiles)

Literature (e.g. writing, reading and attending literary festivals)

Culture (e.g. going to museums, galleries, art exhibitions, concerts, the theatre, community events, cultural festivals and fairs);

Online, digital and electronic arts (e.g. animations, film-making and computer graphics)

# Why Use arts-based practices in research?



Arts facilitate expression of identity (and exploration of identities in flux), interior, felt and emotional states (beyond words) and support agency whereby making/creating artefacts (arty facts- blending realities with creative invention) is an agentic act- writing/changing personal stories, narrative reimagining



Arts can facilitate an inclusive sensory engagement and perception – art is not exclusionary



Arts operate in the now/here between past and future: a space for processing and reinvention: being present in an embodied space



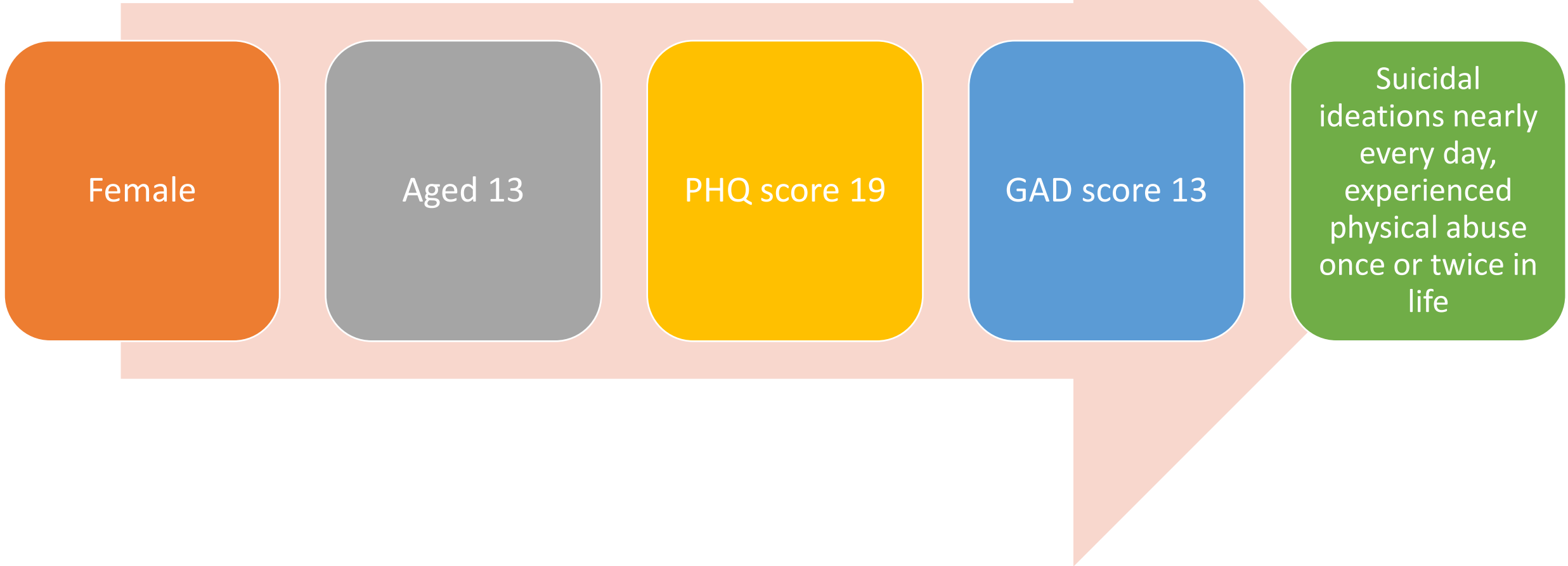
Arts can act as a mediator/object between realities of personal history and imagined futures



Arts enable people to conceptualise and communicate in alternative ways

B

B



B



This is not a house

This is not a home

This is hell

# ATTUNE Project

## ATTUNING to ACES creatively

Professor Nicola Shaughnessy

Professor of Performance | University of Kent

# ATTUNING to ACES creatively

Prof Nicola Shaughnessy, University of Kent



'it completely changes where you're at'

# Defining and Evolving Adverse Childhood Experiences

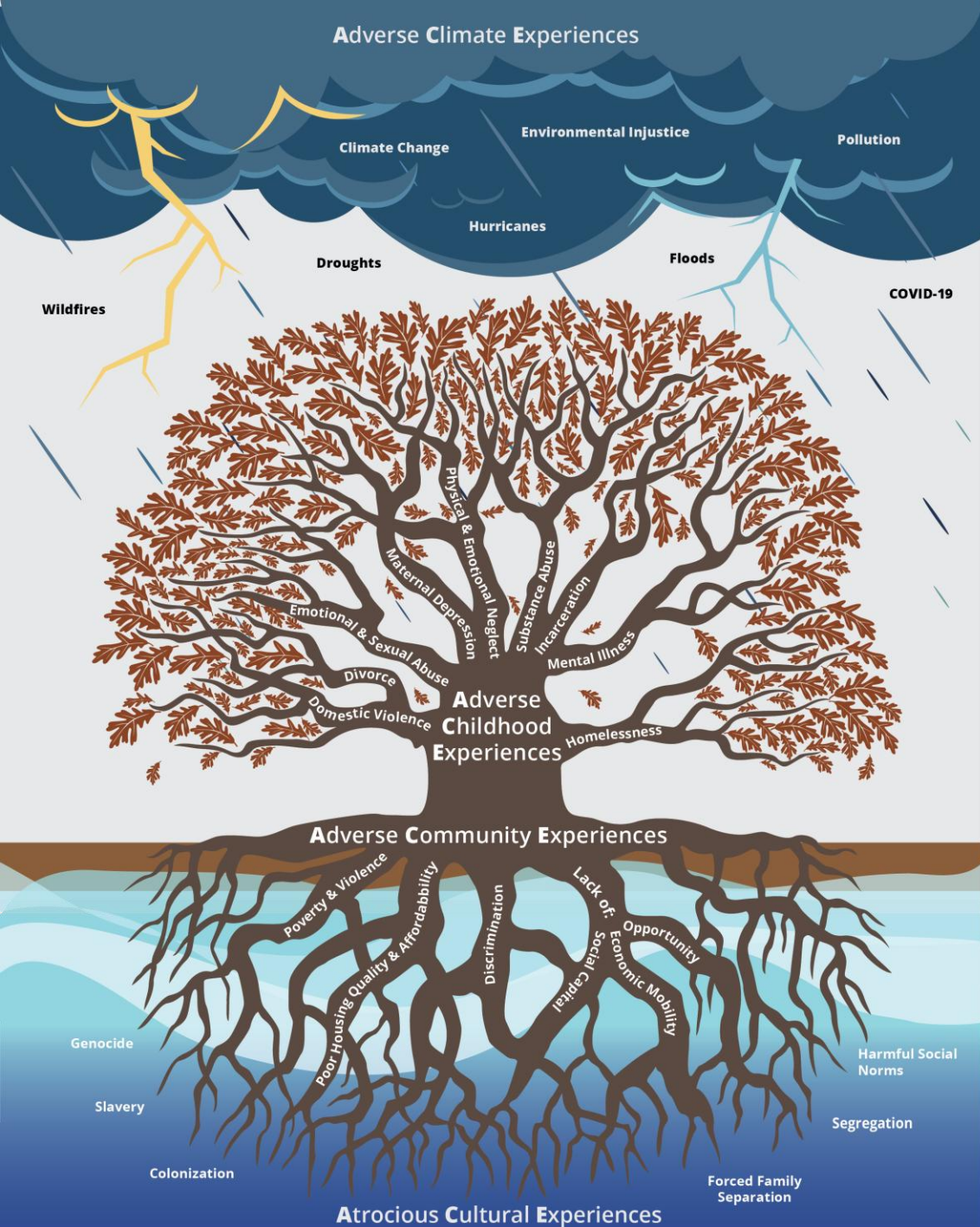
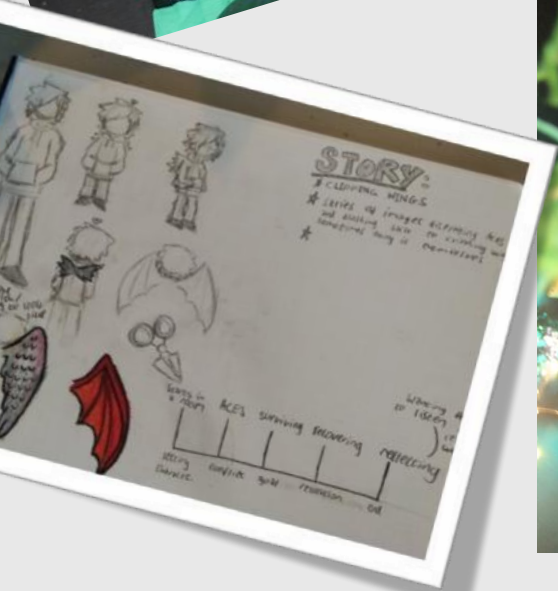


Image created by the North Carolina Partnership for Children © 2021

- Felitti et al. (1998) ACEs as “childhood abuse and household dysfunction”
- Constantly evolving definitions (Fitzgerald & Gallus, 2024)
  - Adverse Childhood Experiences*
  - Adverse Community Experiences*
  - Atrocious Cultural Experiences*
  - Adverse Climate Experiences*
- Needed for correct prevalence measurements and equitable interventions (Karatekin & Hill, 2018; Lorenc et al., 2013) > **being trauma informed means being informed about what trauma is.**
- Challenges in adult reporting of ACEs; importance of hearing from people earlier in life (LaNoue & Hass, 2024) > how to do so safely?

# How we used Arts-based practices in the ATTUNE project



Creative workshops with ACE affected young people




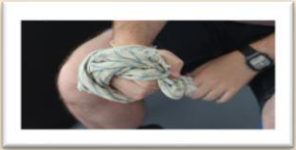


Flexible **MULTIMODAL** structure : 'tailored and flexible approach' (Williams et al., 2024)

- 80+ 10-24-year-olds, in small groups
- Series of 6-10 arts-based workshops
- Dance, animation, photography, film, drama, music, multi-modal (collage, mask making etc)

**DATA ASSEMBLY:** Recorded discussions / creative conversations and artwork.

Structured **framework analysis** (deductive/inductive)

- Rich data, rigorous approach, responsible and relational ethical practice in working with personal stories (Baim, 2017; Pavarini et al., 2021)

	<b>Practice/ Purpose</b>	<b>Prompts &amp; Creative Conversation</b>	<b>Research Question</b>	<b>Multi-modal media (Kent/London/Leeds)</b>
<b>1: Trust &amp; group relations</b>	Co-producing Code of practice; Finding your creative voice	Creating safe space and boundaries; sensory preferences	<b>Q6:</b> What role do place & identity play between ACEs and mental health?	Den making 
<b>2: Creative tools/ expressive vocab</b>	Creative tools: Sensory stimuli	Positive sense memories Taste of happiness / unhappiness?	Defining ACES (RQ1) 	Sensory picnic: food art 
<b>3 Creative tools/ &amp; youth voice</b>	Objects & personal stories; objects as creative tools	Objects & emotion- e.g. objects as emotion regulation	What can be help? Risks and resilience(RQ3)	Objects and story making
<b>4 Composition</b> <b>PROCESS</b> Planning personal stories	Shift from tools to production of art : as individuals/group	What do you want to creatively communicate about ACES & mental health	Defining mental health (RQ2) 	Collage (individually and/or group)
<b>5 Composition</b> <b>PRODUCING</b> Completing creative pieces	Developing your creative voice; agency & collaboration	If you could make a difference to future MH what would you do/make?	Making a difference: Future prevention and intervention opportunities (RQ4)	Masks & Shields 
<b>6 Presenting;</b> <b>sharing &amp; documenting arts practices as data</b>	Tools for guided reflection	What does their art communicate & what are the relations between the pieces?	How far do participatory & arts based approaches help YP share experience (RQ 5)	<b>Curating exhibition</b> 

# Framework Analysis: insights into the codebook

## Main categories (deductive) + codes (inductive)

1. Definition of ACES
2. Lived experience of ACES
3. Def/understanding of mental health
4. Description of their own MH
5. How ACES come to affect MH
6. Protective factors for MH
7. What does not help MH
8. What YP want for their MH
9. Role of place/s
10. Role of identity on ACES/MH
11. Creative Arts & MH
12. Empowering YP via creative arts
13. Supporting YP via creative arts

Category (deductive)	Code drafts (inductive) – WITH DEFINITION/SENTENCE DEFINING
5) How ACES come to affect mental health	5.1 Relationship instability/ poor quality [CF updated 15.02.2023]
	5.2 Lack of trust in institutions/adults/friends
	5.3 Heightened Sensitivity to environments and situations
	5.4 injustice of system/others
	5.5 Experiences of medical care/intervention
	5.6 Experience of Professionals
	5.7 Experience of bullying and injustice
	5.8 Lack of skill to manage ACE [K, CF 08.03.2023]
	5.9? Ruminating/ unwanted remembering; reliving [K, CF 15.03.2023]
	5.10? Masking [K, CF 12.04.2023]

# Findings and Insights: Themes

Our Framework Analysis identified key mechanisms affecting young people's mental health, grouped into three main themes.



## Interpersonal

Relationships and social connections influencing mental health outcomes.



## Environmental

Surroundings and community factors shaping wellbeing and experiences.



## Intrapersonal and Interpersonal

The interaction and interplay between Internal and External processes and personal reflections impacting mental health.

# MECHANISMS MAKING THINGS WORSE

## PROFESSIONAL ADULTS

Young people indicated that their mental health concerns and anxieties stemmed from, or were exacerbated by, their fear of talking to or lack of trust in the adults in their lives.

This was, interestingly, attributed to professionals and service care workers and not parents.

“Like, loads of young people are scared to talk to adults. Like, you could be, like, really close to an adult, and you’ll still be, like, really scared to talk to them.”

## EDUCATIONAL SETTINGS

Schooling plays a dual role in the ACEs journey as it can either mitigate or exacerbate the effects of early adversity, depending on the environment and the support systems available.

- Disciplinary and power practices
- Bullying and Peer Victimization
- Intersectional Trauma: Institutional Racism, Ableism, and Discrimination.
  - Academic Pressure

### Need for Trauma informed schools

“And why don’t you want To go to school?”

“Cos it’s a prison for children.”

## SENSORY

Participants frequently reported experiencing sensory distress within their environments, particularly due to artificial lighting, which adversely impacted their concentration and memory recall.

“The lights and the sensory things, I wouldn’t be able to remember what we talked about in sessions after they finished. So, if we did come up with anything useful, I wouldn’t be able to put it in place. We didn’t come up with anything useful, she was horrible.”

# MECHANISMS MAKING THINGS BETTER

## SENSORY

Tactile experiences, such as interacting with soft textures, as a means of regulating their emotions.

Tactile engagement and affective touch promotes a positive emotional regulation, for individuals experiencing sensory overload help managing distress.

“I mean, texture is, like, like, my, like, one of the most important senses to me, because that’s how I experience the world a lot. ... I’m always touching something, or running my hand through something because... it feels nice”

## NATURE

Interacting with natural environments was consistently reported as beneficial to participants' mental well-being.

Outdoor spaces, including forests, green spaces, and open fields, which facilitated self-reflection, emotional grounding, and cognitive clarity.

“I just go lie on the grass in the rain, and I literally just feel that moment. And it completely changes your head state.”

## COMMUNITY AND FRIENDSHIP

Friendship building and friendship retention alongside feeling part of a community or ‘tribe’ were all attributed to improved mental health.

In-person or online community was seen as a significant mechanistic factor in the development and continued growth in confidence and better mental health.

“But for me, it’s community. Having, you know, group sessions, going doing something, uh, going out. It does work.”

# Arts helping mental health

Creative arts [to help share experiences of ACEs AND/OR mental health with others e.g., [professionals; researchers]

## Prevalent Codes

- Art making helps create and/or change connection to self-experience
- MUSIC (self regulation, expressive, identity formation/community)
- Abstraction

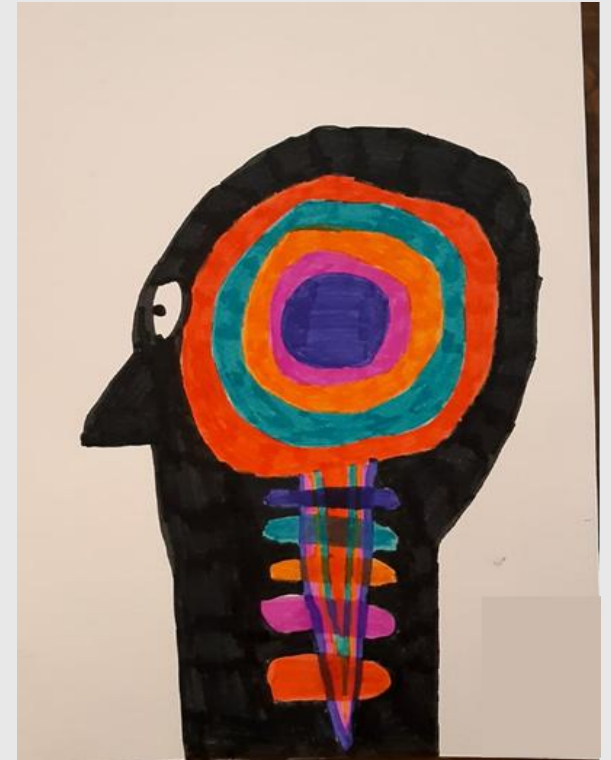
**"Writing in the book like my emotions and how it makes me feel and I relate to it. Feels relaxed when re-reading it in the book cause its out there."** (Falmouth YP photography zine workshop)

**"I think it's good because it's sort of abstract in a way so you can make the art about what you would like. And there's not a lot of emphasis on you have to do something, you have to do this. You have to do that... So there's no, you don't necessarily have to talk about anything if you don't want to. "** (Siproites, p17, lines 381-387, 020\_UoK\_ND\_HE)

# New ACES as SITUATED and TEMPORAL

- School adversity (environmental, interpersonal)
- Sensory trauma (embodied/intrapersonal)
- Social Camouflage (masking, assimilation)
- System failures (CAMHS, counselling)

INVALIDATION



# Transdiagnostic paradigm shift

Despite a longstanding and widespread influence of the diagnostic approach to mental ill health, there is an emerging and growing consensus that such psychiatric nosologies may no longer be fit for purpose in research and clinical practice. In their place, there is gathering support for a “transdiagnostic” approach that cuts across traditional diagnostic boundaries or, more radically, sets them aside altogether, to provide novel insights into how we might understand mental health difficulties (Dalgeish et al, 2020)

Mental health problems are fundamentally social and psychological issues. We should therefore replace ‘diagnoses’ with straightforward descriptions of our problems, radically reduce use of medication, and use it pragmatically rather than presenting it as a ‘cure’. Instead, we need to understand how each one of us has learned to make sense of the world, and tailor help to our unique and complex needs. (Kinderman, 2019).



# Discoveries Overview

- Significance of **externalizing factors** in shaping mental health outcomes (positively or negatively) e.g. schools, CAHMS, professionals.
- Significance of **NOW**: current experiences matter as well as historical adversities in determining future
- Significance of **creative practices** in developing new understanding and supporting mental health





# Questions from the audience

# Time for a comfort break

## See you all shortly



# ATTUNE Project

## What young people want: Validating Voices

Professor Siobhan Hugh-Jones

Professor in Mental Health Psychology | University  
of Leeds

# What young people want: Validating Voices

Siobhan Hugh-Jones, Luke Alder, Ellie Baker

Thanks to Isabelle, Simran, YPAGs, co-investigators, young people,  
professionals, partners and funders

FALMOUTH  
UNIVERSITY



Arts and  
Humanities  
Research Council

Economic  
and Social  
Research Council

Medical  
Research  
Council

# Aims & Methods



**AIM:** to respond with young people and public sector professionals to WP1 insights



**WP1:** (in)validation as a key RISK mechanism  
Experiences of validation: **PROTECTIVE** (therapeutic)



**20 Young People**  
**17 Professionals**  
**9 Workshops**



All wanted a resource built on a collaborative and creative approach to improving adults' understanding of and capacity for validation



**5 prototypes:**  
consensus Validating  
Voices





# INVALIDATION

in the context of hoping for, needing, to be heard, understood, believed



mostly happens in what someone **says or does not say**,  
or in what they **do not** do to help.

- you're being dramatic / attention-seeking
- there's no reason to feel like that (you don't make sense)
- you don't feel as bad as me / others
- why don't you just...
- you're not okay / not welcome as you are
- you're not X you're Y
- stop needing things
- I don't believe you
- stop being different

**Ignoring, Dismissing, Disavowing Rushing,  
Not listening, Forgetting ACES, No empathy...**

Different beliefs held by adults: it's a choice /  
you've brought this on yourself..




**"It makes things even worse."**



**Extensive theorising on  
invalidation**

**Leads to shame, anger, aloneness,  
distrust, unloved, different, broken**

**Self-invalidation**



**Young people told us that being validated was really IMPORTANT and MEANT A LOT.**

**Being validated looked like this to young people:**

- being told that you are believed
- someone really listening to you
- being told that what happened to you matters, even if it also happens to others
- a person noticing that you are sad, worried, frightened, upset
- people using your preferred pronouns
- feeling understood
- people not being so hard on you because they know what you are going through
- helping you feel you belong

**Effects (mechanisms)**



**Relational connection**

**Body and Emotion Regulation**

**Self-understanding**

**Self-respect**

**Sense of justice**

**Self-acceptance & Belonging**

**Confidence in people**

**Hope**

# What did public sector professionals want in a 'response' resource?

All voted for a combined resource that builds an embodied understanding, and skills and motivation to respond better



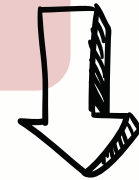
Professionals: wanted help with conversation scripts + "a strong launch and support are crucial to success of any new resource"



Some organisations wondered if being able to validate young people should be a competency standard



5 resource options were created based fully on co-design



All voted for final resource

# Validating Voices

1. INSTRUCTIONS PAGE 1

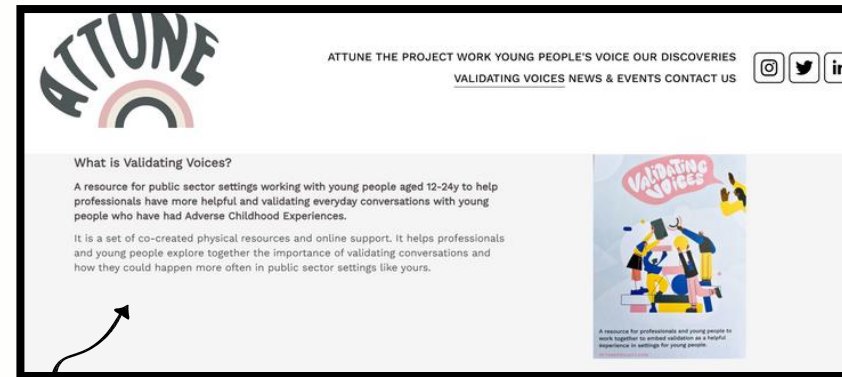
## Welcome to Validating Voices

This resource has been created with young people (13-23y) and public sector professionals as part of the ATTUNE Project 2024 ([www.attuneproject.com](http://www.attuneproject.com))

### Why is this needed?

- Adverse Childhood Experiences
- Multiple forms of invalidation
- Absence of supportive experiences
- Chronic exposure
- Higher stress
- Low-self worth
- Risk for poor

Young people say that brief, helpful




ATTUNE THE PROJECT WORK YOUNG PEOPLE'S VOICE OUR DISCOVERIES  
VALIDATING VOICES NEWS & EVENTS CONTACT US

### What is Validating Voices?

A resource for public sector settings working with young people aged 12-24y to help professionals have more helpful and validating everyday conversations with young people who have had Adverse Childhood Experiences.

It is a set of co-created physical resources and online support. It helps professionals and young people explore together the importance of validating conversations and how they could happen more often in public sector settings like yours.



Website Support and Resources  
[www.attuneproject.com/what-is-validating-voices](http://www.attuneproject.com/what-is-validating-voices)

## Easy Introduction Cards

Ways to use the Resource > Creating A Safe Space > Key words

4. INSTRUCTIONS PAGE 7

### What does this resource do?

Helps professionals to have more validating conversations and exchanges with young lived through ACEs.

### How is it structured?

- Read introduction cards
- Create safe spaces
- Resource 1: REALISE
- Resource 2: RE-PLAY
- Resource 3: REMEMBER

### Who is it for?

- Any public health professional keen to help young people
- In part people or lan

### Ways to use this resource

It can be used:  
In any public sector setting with any young people aged 12-24yrs with any adult(s) who want to listen to, understand and be helpful to young people.

#### How is Validating Voices structured?

There are 3 parts. The Attune Project website gives more details and ideas for use ([www.attuneproject.com](http://www.attuneproject.com)>Validating Voices)

#### Part 1: Realise

A set of cards to prompt exploratory discussions between adults and young people. Aims to help adults REALISE how invalidation shows up in conversations, how it impacts young people and options for validation. Can be used 1-2-1 or in small groups in repeated sessions of 40-60 minutes until all of the cards have been discussed. Paves the way for PART 2.

#### Part 2: Re-play

A set of cards, scripts and videos to help young people and adults collaborate and role PLAY to discover better conversations and how helpful they feel. Use in groups of about 5-15 in repeated sessions of 45-60 minutes after PART 1.

#### Part 3: Remember

A set of cards to help inspire young people and adults to creatively capture the learning from Parts 1 and 2 so that your setting continues to listen to young people and REMEMBERS that Validating Voices are important for them following ACEs.

### Why do we need to think about safe spaces?

ACEs often mean a young person has become used to looking for and being exposed to real physical, emotional or psychological harm or hardship. The world, and people in it, can feel unpredictable and hard to trust because people in the past have **misused power** over them.

For a young person, **feeling unsafe** can mean worrying about being:

- hurt physically or emotionally
- criticised, mocked or insulted
- ignored, excluded or made to feel they do not belong, are not liked or loved, or are not good enough
- told their needs, feelings, thoughts or experiences are misplaced, wrong, dramatic, unnecessary or a problem to adults
- exposed to harmful, aggressive or manipulative people
- able to trust people to not harm them

Young people may not automatically feel safe or willing to communicate when invited to use this resource.

Working together to understand and create a safe space is a critical first step.

Without this, young people may be dismissive, closed off or antagonistic – strategies they may have developed to cope.

6. INSTRUCTIONS PAGE 11

### Creating a safe space

Both adults and young people can benefit from creating a safe space for your work together.

**CURIOSITY** about young people's experiences and needs is a helpful tool that can help adults move away from 'power over' young people as it reduces adult-centred perspectives and decisions.

**Safety and safe space** will mean different things to different young people, and to you. **Before you use this resource**, be **curious** and ask young people what a safe space means and feels like to them. Side B gives you some ideas on how to do this creatively.

#### How long will it take to create a safe space?

You could begin by working in small groups or 1-2-1, with the groups who will be using this resource together. You could spend 30 minutes to one full day on this activity. Safe spaces are a **living space** constantly monitored by young people for any indicators of unsafety.

# Validating Voices

REALISE STARTER #1 SIDE A

## WELCOME to PART 1: REALISE

This set of cards aims to help professionals REALISE how and where invalidation can happen in conversation with young people, and to learn more ways to validate. Professionals often do not mean to invalidate young people and often do not REALISE that it has such a big impact on the young person.

### What are the cards?

6 categories representing

- 4 domains in which young people often experience invalidation: their **past**, the **present**, their **identity** and their **needs/feelings**
- 1 reflect category and 1 creative category
- Some blank cards for you to add situations highly relevant to young people

**Card Side A**  
a situation / prompt and set questions to trigger conversations

**Card side B**  
Follow up information to look at after the initial conversation from Side A. This information gives a fictional ACE. The idea is to help 'players' think about the potential histories or situations of young people. This may help settings to be trauma-informed.

TURN OVER TO SIDE B

REPLAY STARTER #1 SIDE A



## Welcome to Part 2: RE-PLAY

### What is this resource?


A way to use curiosity and serious play to understand how validating conversations look and feel.

### Why is it needed?

Because to make sustained changes in how we communicate, we need to feel the true impact of helpful vs unhelpful conversations. Seeing and feeling the difference a good conversation can make will help adults know this is important in settings trying to help young people.

TURN OVER TO SIDE B

REMEMBER STARTER CARD SIDE A



## Welcome to Part 3: REMEMBER

A key step to capture learning for real change in your setting.

### Why is it needed?

Because we all need reminders about what is important.

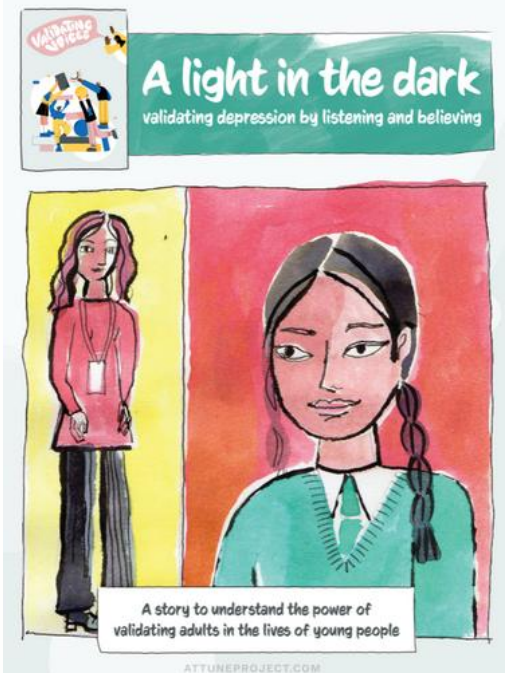
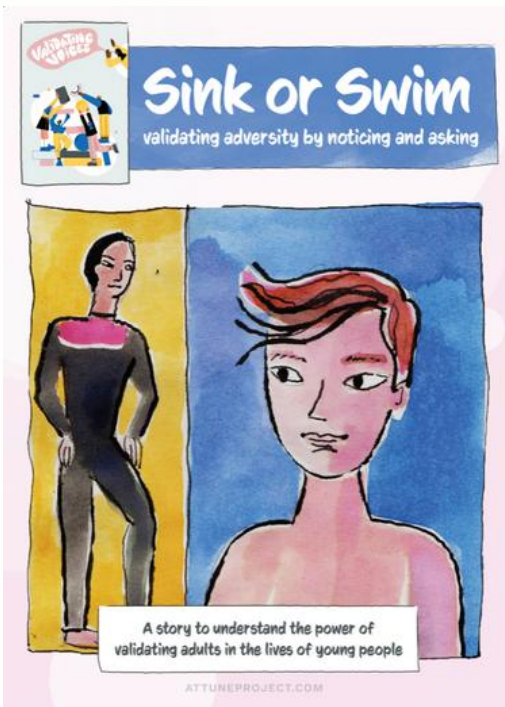
Because young people need to see that they are being taken seriously.

TURN OVER TO SIDE B

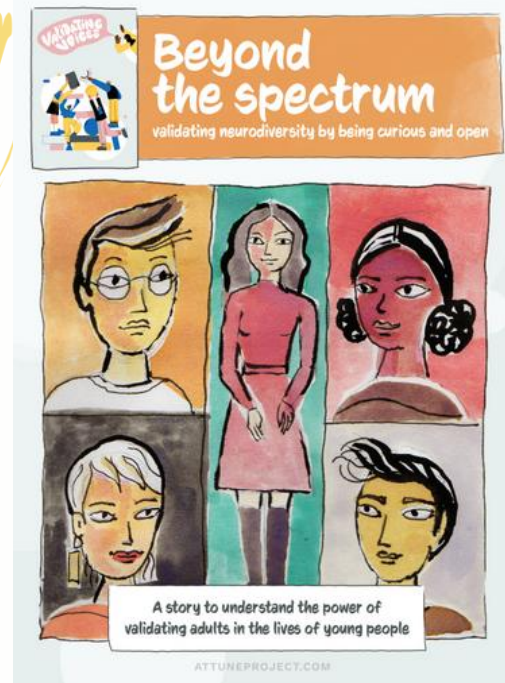
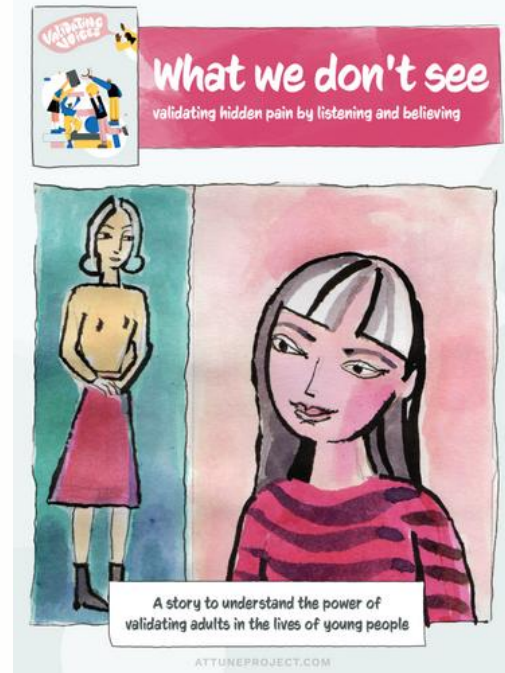
REALISE  
Discussion Cards  
SIDE A > B

RE-PLAY  
Scenarios  
Re-directing

REMEMBER  
Learning into setting



Youth designed comics: support lived experience impact ' for Validating Voices



# Validating Voices: Soft Evaluation

Intended Use:

Small groups of YP and Professionals

Working together to understand and change practice



**Foster Service**  
2 x Community Development Group  
Domestic Abuse Support Organisation  
University Student Support Service  
Secondary School  
LGBTQ+ Community Group  
Care Leaver's Service

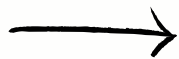


**Informal reviews**  
NI Safeguarding Board  
Scottish MH Charity  
GP  
London NGO



# Findings so far

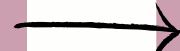
- High enthusiasm post-training (incl. being TI) with action plans
- Four settings trialled it but four have not yet (two community groups, university student support, care leaver's service)
  - **Implementation challenges:** confidence in using > prioritising > some hesitance in working with YP in service development > want it simpler
- Low response rate to pre-post surveys but showing **high resource acceptability and alignment with values, and high perceived resource coherence**



**Exit Interviews: We weren't expecting that**

## Forms of use

- Professionals' reflective practice
- With foster children at home
- Group activities with young people
- Structured program over many weeks
- Embedded into school support system



**Used creatively and flexibly**

**But not as intended**

**And mostly parts 1 & 2**

# LGBTQ+ Community Group, Kent



- **Professional Reflective Practice:** “I find the resource to just super enlightening...It was such an interesting way to really dig into, kind of, how we encounter young people...it really encourages that kind of laterality of thought.”
- **Therapeutic for Young People:** “a lot of our gender diverse and trans young people experience these micro invalidation almost constantly. So I think for them, the chance to actually, almost like act out and process it a little bit was really with really powerful actually..... There is almost a palpable kind of sense of relief after ”
- **Impact on practice:** “it was just so helpful to have these different ways of thinking about validation and what adults and professionals and practitioners can do differently and what that might look like.”

# Domestic Abuse Charity: NEET group



- **Resource supporting YP to support each other:** “To provide points of commonality. So there were so the situations in it were all situations that the young people could identify with. So you know, if they were doing a role-playing scenario, they'd pick a card out and you'd read out and immediately everybody in the group. Oh, yeah, that's happened to me. That's happened to me. That's happened to me and. And so that was perfect for a group setting... it normalises their feelings and responses to those experiences.”
- **Building protection for YP:** “It helps them to understand what validation is. And what it isn't and how to validate others and insist on that validation for themselves.”

# Foster Carer's Hub

- **Facilitates self-reflection:** “I was going through the card, reading the cards and something popped up about and I say this to her (foster child) all the time. I say, oh, you're being a drama queen because she's really theatrical. And so it's. I've stopped saying it and it's made me think, actually what I am not hearing or not seeing because all I see is drama”
- **Facilitates relationship:** “I said do you feel validated? And she sort of like sometimes, you know, typical. And she said sometimes you shut me down and I said yeah, I do. Sometimes I do, em and I'm gonna stop that”

# Next Steps

- Publishing
- Find Strategic Implementation Partners
- Funding for Feasibility Trial



# The Learning and the Challenges

- Depth and richness of understanding begins with lived experience: Young people clearly told us that their lived experience *IS* data and needs to have as much weight as validated health questionnaires (GADS/PHQ etc)
- Lived experience as a form of knowledge can take us (as commissioners and providers) in a different direction - currently WE set the agenda and practice parameters.
- We need to think about schools as places of adversity (ACEs) including them as difficult sensory and invalidating environments which create additional risk pathways
- The role of arts and peer supporters ('people like me') as useful to young people
- Young people have told us that:
  - curriculum development and delivery for all frontline practitioners needs to be rooted in trauma informed approaches (not CPD)
  - all decisions (made by e.g. policy makers, commissioners, providers) need to be trauma impact assessed

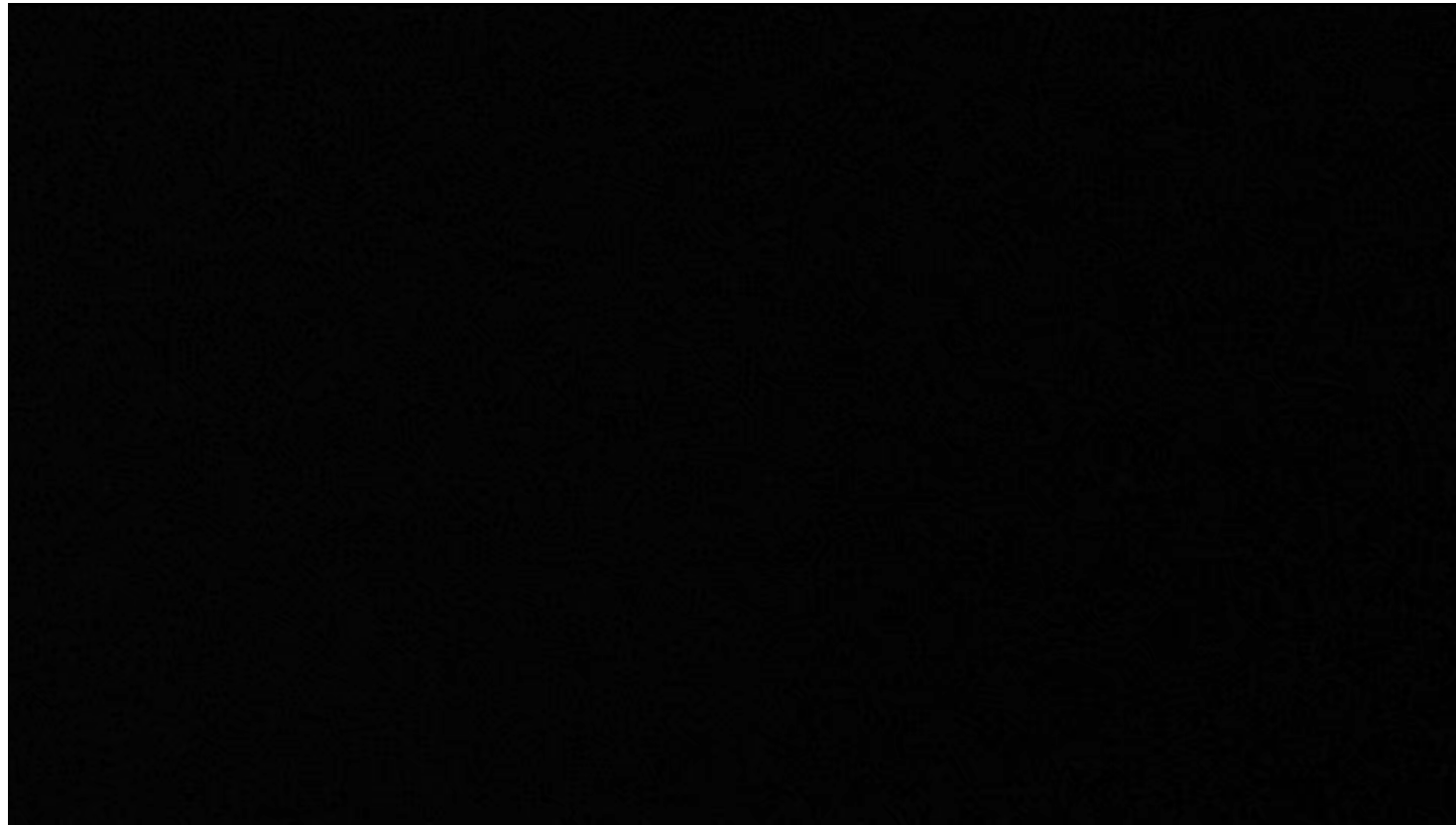
# Disrupting the Silence

- Created and Produced by Attune Young People



And Finally

....



# The Attune Project

**ATTUNE Project**

**Website: [www.attuneproject.com](http://www.attuneproject.com)**

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# Questions from the audience



# Upcoming Events

➤ **Workshop (virtual)**

Wednesday 15 October 2025, 10.00-11.00

➤ **Learning Set (virtual)**

Wednesday 19 November 2025, 10.00-12.00

*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](mailto:public.mh@rcpsych.ac.uk)**

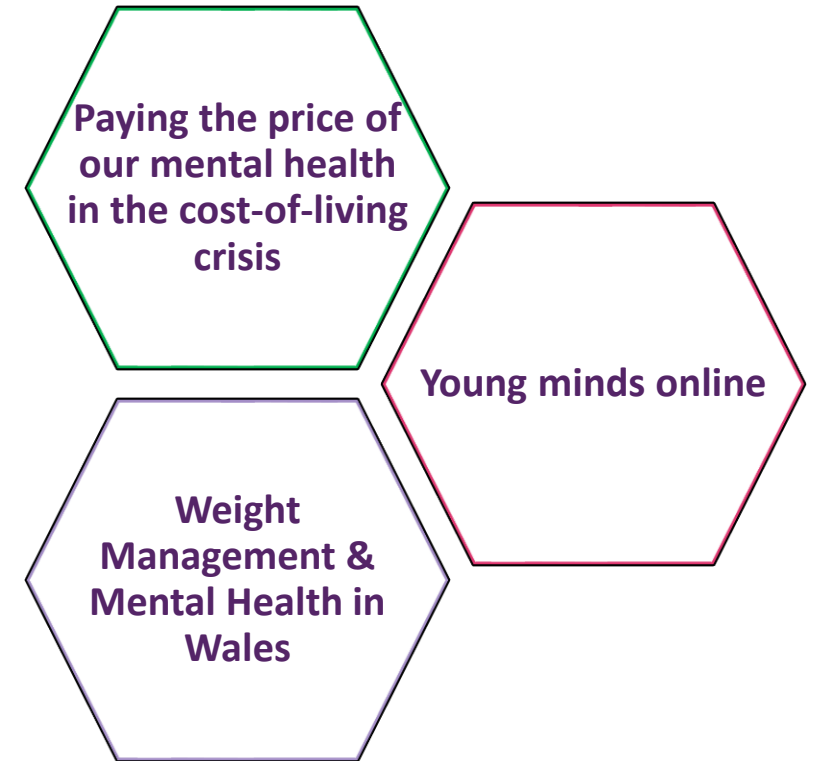


# PMHIC Blog Series: Perspectives on public mental health

**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



# 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



# Thank you and closing remarks

Dr Megan Watkins

Head of PMHIC