

# Public Mental Health Learning Community Learning Set

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

Our speakers today include:



**Sally Souraya**  
Interim Head of Public  
Mental Health  
Implementation Centre  
(PMHIC)



**Tessa Hawes**  
Founder & CEO of MiniMe  
Mindfulness



**Dr Stuart Jenkins**  
Co-Founder / Director of  
GoodSpace Schools

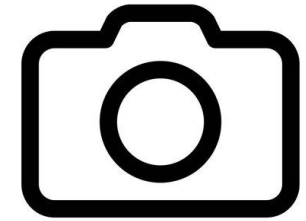
# Housekeeping points before we get started



Recording the session



If not speaking, please mute

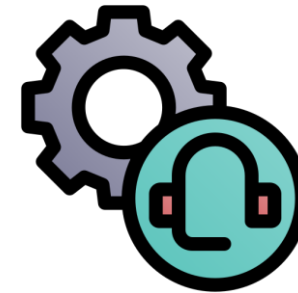


Camera on please,  
if comfortable to



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

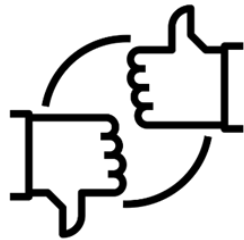
We seek to make decisions by consensus. Everyone's input is **equally** valued.

# Shared principles



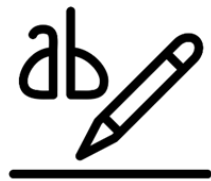
## Contribute

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
13.00-13.15	Sally Souraya	Interim Head of Public Mental Health Implementation Centre (PMHIC)	Welcome and introductions
13.15-13.50	Tessa Hawes	Founder / CEO of MiniMe Mindfulness	Mental Health Creation for Children: A scalable, system aligned approach
13.50-14.00	<b>Break</b>		
14.00-14.45	Dr Stuart Jenkins	Co-Founder / Director of GoodSpace Schools	Why Schools Matter for Public Mental Health
14.45-15.00	Sally Souraya		Thank you and closing remarks

# Mental Health Creation for Children: A scalable, system aligned approach

**Tessa Hawes**

Founder / CEO of MiniMe Mindfulness

# Mental Health Creation for Children

**A scalable, system-aligned approach to mental health creation**

**Presented by Tessa Hawes**

**Founder & CEO, Mindset Mentors Ltd | Creator of MiniMe Mindfulness®**

**MiniMe Mindfulness® | Mindset Mentors Limited**

**UK Registered Learning Provider | CPD-Accredited Programme Creator**

**20,000+ children supported**



# System Context: rising emotional need and system pressure

---

Rising emotional need among children and young people

Increasing pressure on schools and education staff

Services stretched and increasingly focussed on crisis response

Limited capacity for consistent, preventative mental health creation

**1 in 5**

children aged 8-16 have a  
probable MH condition

*Source: NHS Digital – Mental Health of  
Children and Young People in England, 2023*

Children experiencing mental ill health are absent from school at nearly **3× the rate of peers.**

*Source: Office for National Statistics*

**MiniMe Mindfulness® | Mindset Mentors Limited**

UK Registered Learning Provider (UKPRN) | CPD-Accredited Courses | Cyber Essentials Certified | CIC-aligned delivery



# Why mental health creation matters

---

Adult wellbeing directly influences children's emotional regulation and engagement

Key transition points present predictable vulnerability

Mental health creation strengthens protective factors before difficulties escalate

**Transition periods represent key opportunities for early, preventative intervention**

**MiniMe Mindfulness® | Mindset Mentors Limited**

UK Registered Learning Provider (UKPRN) | CPD-Accredited Courses | Cyber Essentials Certified | CIC-aligned delivery

**16%**

**of pupils report not feeling prepared for the move to secondary school.**

**Over 25%**

**show disengagement during Year 7**

*Source: Institute of Health Equity; education engagement research*



# Our model: a structured approach to mental health creation

## Children

25 mindset superpowers  
Peer-led mentoring  
Universal, targeted and intervention support

## Schools and early years

CPD-accredited delivery  
Whole-class, small group and 1:1  
No additional staff training required

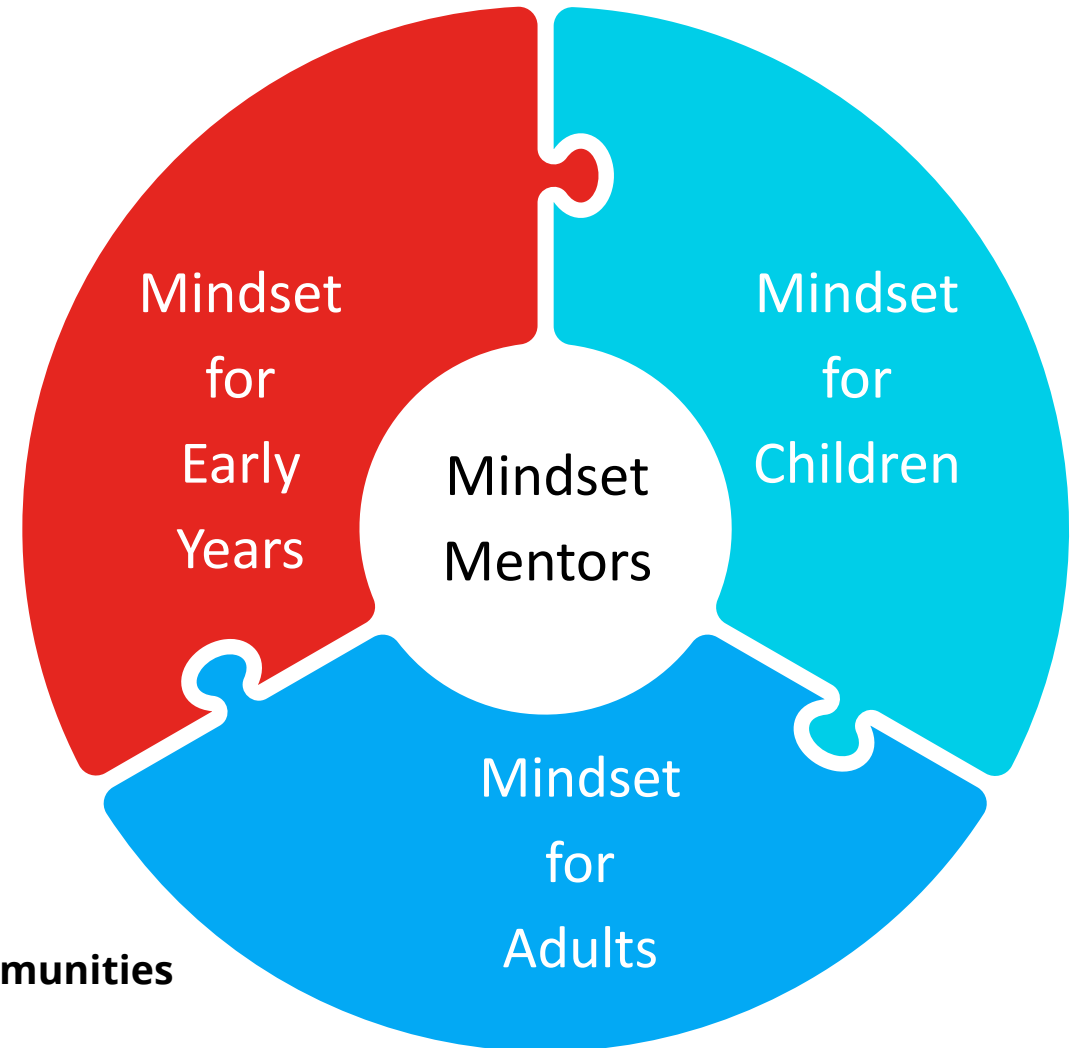
## Adults and families

Staff wellbeing support  
Parent courses and resources  
Shared language and reinforcement

**Consistent mental health creation across school, home and communities**

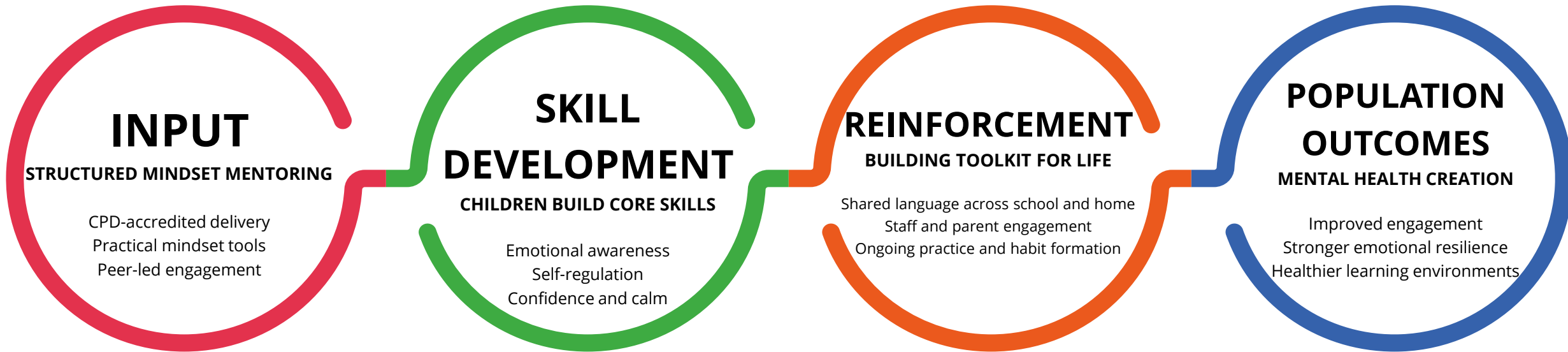
**MiniMe Mindfulness® | Mindset Mentors Limited**

UK Registered Learning Provider (UKPRN) | CPD-Accredited Courses | Cyber Essentials Certified | CIC-aligned delivery



# How mental health creation happens in practice

---



**Building mindset and emotional life skills early helps children develop the foundations for healthy, resilient minds for life**

**MiniMe Mindfulness® | Mindset Mentors Limited**

UK Registered Learning Provider (UKPRN) | CPD-Accredited Courses | Cyber Essentials Certified | CIC-aligned delivery



# Demonstrated delivery and reach

**168**

education settings reached  
(primary, secondary and early years)

**20,859**

children supported through face-to-face delivery

**Delivered across schools, early years settings and publicly funded programmes**



**Delivered across state schools, early years provision and community settings, demonstrating real-world applicability across varied population contexts**

**MiniMe Mindfulness® | Mindset Mentors Limited**

UK Registered Learning Provider (UKPRN) | CPD-Accredited Courses | Cyber Essentials Certified | CIC-aligned delivery



# Credibility, quality and governance

## CPD Accredited Courses

Designed for sustained, multi term development

## UK Registered Learning Provider (UKPRN)

Recognised training provider status

## Cyber Essentials certified

Meeting UK standards for secure digital delivery

- Aligned with Ofsted focus on sustained wellbeing development
- Supporting sustained mental health creation over time
- Structured curriculum model
- Consistent delivery not dependent upon one individual
- Peer-led mentoring approach
- Children learn from voices like their own, increasing engagement

**Designed to meet the governance, safeguarding and delivery standards required for public sector partnership**



The CPD Standards Office  
CPD PROVIDER: 22840  
2024-2026  
[www.cpdstandards.com](http://www.cpdstandards.com)



**MiniMe Mindfulness® | Mindset Mentors Limited**

UK Registered Learning Provider (UKPRN) | CPD-Accredited Courses | Cyber Essentials Certified | CIC-aligned delivery



# Scale, access and next phase



## Established delivery infrastructure

National network of trained Mindset Mentors

Delivery across early years, primary and secondary

Capacity for universal, targeted and intervention delivery

## Digital courses built for scale

CPD-accredited online delivery

Extends access while maintaining consistency

Supports schools, families and communities at scale

## Priority focus areas

Early years mental health creation

Primary to secondary transition support

Partnership-led evaluation and continuous improvement

Designed to scale responsibly in partnership with public sector organisations, aligned with population mental health priorities

# Working with the system

---



## System-aligned delivery

Complements public provision

Strengthens everyday environments

Universal, targeted, intervention

Focus on key transition points

## Partnership opportunities

Place-based pilots

Early years delivery

Transition programmes

Co-designed evaluation

**Building mindset and emotional life skills early helps create the foundations for healthy, resilient minds and lifelong mental health**

**Supporting mental health creation in partnership with public sector priorities**



# Partnership & contact

---



**We welcome opportunities to collaborate with:**

- Public Health teams
- Local Authorities
- Primary Care Networks
- Education and early years partnerships
- Place-based pilot programmes

To explore collaboration or request further information:

Tessa Hawes

Founder & CEO, Mindset Mentors Ltd

MiniMe Mindfulness®

 [tessa@minimemindfulness.co.uk](mailto:tessa@minimemindfulness.co.uk)

 [www.minimemindfulness.co.uk](http://www.minimemindfulness.co.uk)



**MiniMe Mindfulness® | Mindset Mentors Limited**

UK Registered Learning Provider (UKPRN) | CPD-Accredited Courses | Cyber Essentials Certified | CIC-aligned delivery



# Questions from the audience

# Time for a comfort break

## See you all shortly



# Why Schools Matter for Public Mental Health

**Dr Stuart Jenkins**

Co-Founder / Director of GoodSpace Schools

# Why Schools Matter for Public Mental Health

Dr Stuart Jenkins



Good Space



# The Adolescent Public Mental Health Burden

- Rising prevalence of anxiety, mood disorder, self-harm
- 1 in 5 children aged 8–16 in England meet criteria for a probable mental disorder
- Earlier onset, longer duration

## **Strong association with:**

- Reduced attendance
- Educational disengagement
- Behavioural difficulty
- Long-term socioeconomic disadvantage

Persistent treatment gap



# The Identification Gap

## Prevalence ≠ Detection

Many adolescents experiencing significant distress are:

- Unknown to services
- Not self-referring
- Not behaviourally disruptive
- Not asking for help

Schools identify mainly through:

- Crisis
- Disclosure
- Staff intuition

**This is a detection failure — not a prevalence failure.**



# Equity and the Gradient of Disclosure

Help-seeking is socially patterned.

Disclosure varies by:

- Gender
- Culture
- Socioeconomic status
- Neurodiversity
- Family context

When identification relies on self-advocacy or observable behaviour, inequity widens.

**Equity requires structured visibility.**



# Why Schools Matter for Public Mental Health

Schools are:

- Near-universal adolescent platforms
- Daily contact environments
- Already responsible for safeguarding
- Increasingly accountable for wellbeing
- Operating with limited specialist capacity



# The Implementation Gap

Policy ambition is high.

Implementation capacity is uneven.

Poorly structured identification increases workload and anxiety.

**The challenge is not intent - it is operationalisation at scale.**



# A Public Health Logic for Schools

## Identify

Ask students directly

Universal and  
structured

Safeguarding first

## Prioritise

Distinguish risk from  
vulnerability

Avoid “everything is  
urgent”

Use data to stratify

## Manage

Tiered response

Digital where  
appropriate

Face-to-face reserved  
for highest need



# Structured Identification Requires Ethical Safeguards

- Clear safeguarding protocols
- Defined escalation pathways
- Data governance
- Student agency



# Mode of Identification Matters

Evidence suggests:

- Self-administered digital tools increase reporting of sensitive issues
- Reduce social desirability bias
- Improve detection of internalising symptoms

**Identification method influences detection.**



# Translating Logic into Practice

An applied example of this public health logic:

- Structured digital identification
- Safeguarding identification with defined escalation pathways
- Risk stratification
- Tiered follow-up pathways
- Whole-school insight



# Implementation Lessons

Implementation succeeds when:

- Authority and expertise align
- Leadership mental health literacy exists
- Wellbeing is integrated into core levers
- Data bridges accountability and action



# Structured Identification Aligns System Levers

Structured identification enables coordinated action across:

- SEND
- Attendance
- Pastoral
- Curriculum
- Senior leadership

Shared visibility reduces siloed response.



# Structured Data Enables Quality Improvement

Structured identification creates:

- Baseline visibility of need
- Risk stratification
- Targeted intervention
- Repeat measurement
- Data-informed refinement

**Plan -> Act -> Measure -> Refine**

This supports:

- Continuous quality improvement
- Proportionate resource allocation
- Governance oversight



# Regulatory Expectation Aligns with Improvement Methodology

Ofsted now expects schools to understand:  
**“Barriers to learning and/or wellbeing.”**

This implies:

- Systematic identification
- Risk stratification
- Proportionate response
- Ongoing review

In effect:

Structured identification and improvement methodology become matters of public health governance - not optional innovation.



# Questions from the audience



# Upcoming Events

- **Workshop (virtual)**  
23<sup>rd</sup> March 2026 (Monday) at 2pm
- **Learning Set (virtual)**  
23<sup>rd</sup> April 2026 (Thursday) at 1pm

**New schedule of events for 2026 now available on our webpages**

*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)**

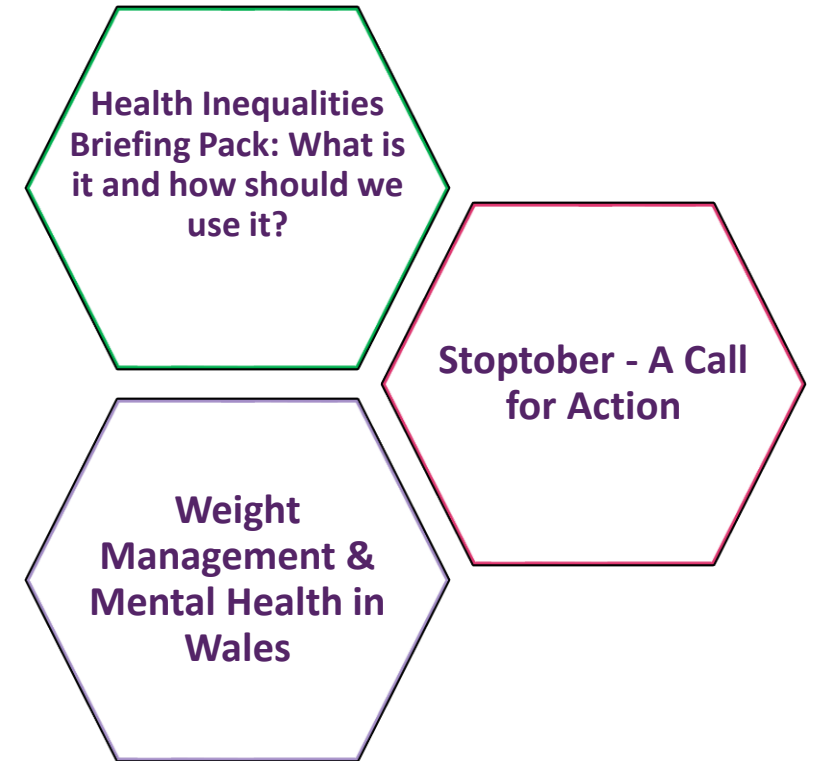


# PMHIC Blog Series: Perspectives on public mental health

**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

Sally Souraya

Interim Head of PMHIC