



Access to mental health support in schools and colleges for children and young people with mild to moderate mental health concerns.

Executive summary

- The proportion of young people reporting poor mental health is increasing significantly.
 - [One in five children have a probable mental health problem](#), up from one in nine in 2017 (NHS England, 2023).
 - Schools and colleges have a vital role to play in promoting wellbeing and ensuring that young people who are experiencing problems with their mental health can obtain appropriate, timely support.
 - We have conducted research into the creation of new Mental Health Support Teams (MHSTs), which include education mental health practitioners (EMHPs) working in schools and further education colleges. EMHPs provide early support for children and young people to address emerging mental health needs.
 - Our research highlights positive effects from participating in the government funded programme. Including staff feeling more confident talking to children and young people about mental health issues; being able to access advice about mental health issues more easily; and having quicker access to support for children and young people with some mental health problems.
- 3) Increase the scope of MSHTs to include access to advanced specialist practitioners embedded in schools to meet the needs of children with acute mental health conditions.
 - 4) Children and young people and their parents/carers must be involved in the [design, implementation and review of MHSTs](#) and wider mental health services to ensure they are child-centred, with [diversity and inclusion strategies at the core](#).
 - 5) Additional ring-fenced NHS resources for specialist services, such as child and adolescent mental health services (CAMHS), are needed to complement MHSTs since they uncover unmet needs as well as providing earlier intervention.

About the research

The government has been funding the creation of mental health support teams (MSHTs) to work in/with schools. The first teams went live in 2020, and it is estimated that there will be an [MHST in around half of all schools or colleges by March 2025](#). Teams work directly in schools and colleges, helping staff to promote emotional wellbeing for all pupils, alongside supporting children and young people with mild to moderate mental health problems. Some MSHTs also provide more specialised therapeutic support such as for eating disorders, and for specific groups, including neuro-divergent children and black and ethnic minority groups.

Researchers at the University of Birmingham, London School of Hygiene and Tropical Medicine, RAND Europe and the University of Cambridge completed a study that looked at the first wave of MSHTs. It included survey

Policy recommendations

- 1) Every school or college should be enabled to offer in-house mental health support.
- 2) Develop the EMHP training curriculum to include more specialised support training

data from nearly 300 schools and colleges; interviews with 132 people involved in implementing MHSTs; and focus groups with children and young people. The research team are now doing a larger study to assess their impact and cost-effectiveness.

What did our evaluation find?

Putting mental health support in schools makes a difference. Our [survey data](#) showed that 76% of education settings agreed having an MHST in their school or college had improved children and young people's understanding of mental health and well-being. Moreover, 75% of education settings also agreed that school and college staff were more knowledgeable and confident about mental health and well-being issues, and 52% agreed that referrals to specialist mental health services were responded to more quickly.

The scope of MHSTs. MHSTs were set up to support young people with mild to moderate mental health conditions, but with flexibility to tailor to local population needs. CAMHS services are facing huge increases in demand and there are many children with acute needs who would benefit from support but who do not meet the severe end of the CAMHS thresholds but have mental health problems that are also not mild-moderate. Essentially, there are children and young people who are exceeding the MSHT thresholds but do not meet the CAMHS thresholds. There is a lack of services for this group, who are sometimes called the 'missing middle'. Our research suggests where MHSTs 'stretch' to fill this gap in support for young people with more acute problems, this may be at the expense of universal wellbeing promotion/prevention work, which benefits the whole school population.

Challenges for schools and colleges. Schools and colleges have limited resources, further compounded by huge problems young people and their families face accessing

'external services' (be that CAMHS, local authority services, such as housing, and special educational needs and disability (SEND) support). Our research showed that MHST were often short-staffed, due to the rapid turnover of EMHPs. They spent the majority of their time supporting children with mental health problems, rather than prioritising preventative work with teaching and other staff to promote good emotional health across settings and spotting unwell children early to offer preventive support.

A 'one size fits all' approach will not work for all children and young people. Findings highlighted the poor suitability for some young people of the cognitive behaviour therapy (CBT) approaches that teams had been trained in. They were also not relevant to some 'mild-to-moderate' mental health conditions. MHSTs need to co-ordinate better with other services, such as CAMHS, and third sector organisations to refer for support. This would reduce the pressure on MSHTs to stretch their support and enable them to refocus on supporting the larger school population with preventative support work.

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