



Department  
for Education

# **Transforming Children and Young People's Mental Health Implementation Programme**

**Data release**

**May 2023**

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## Introduction

The Transforming Children and Young People's Mental Health Implementation Programme is a joint, collaborative programme led by the Department of Health and Social Care (DHSC), Department for Education (DfE) and NHS England (NHSE).

This publication provides information on the Department for Education's commitment to offer senior mental health lead training to all eligible schools and colleges by 2025 as well as the commitment for new Mental Health Support Teams in a fifth to a quarter of the country by the end of 2023<sup>1</sup>.

## Background

In December 2017, the Government published a consultation to gather views on the proposals set out in its publication, [Transforming Children and Young People's Mental Health Provision: A Green Paper](#).

Following the consultation, the [Government Response to the Consultation on Transforming Children and Young People's Mental Health Provision: a Green Paper and Next Steps](#) was published in July 2018. It outlined a commitment to implement three core proposals:

- New Mental Health Support Teams (MHSTs) that provide support and extra capacity for early intervention and help for mild to moderate mental health issues and support the promotion of good mental health and wellbeing.
- Training for senior mental health leads to implement an effective whole school or college approach to mental health and wellbeing in schools and colleges.
- Pilots for a four-week waiting time for children and young people's mental health services<sup>2</sup>.

In response to the Covid-19 pandemic, the DfE announced further funding through the [Wellbeing for Education Return/ Recovery programmes](#), providing support to staff working in schools and colleges to respond to the additional pressures some children and young people may have felt has a direct result of the pandemic, as well as to any emotional response they or their teachers may have experienced.

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<sup>1</sup> [NHS Long Term Plan » Children and young people's mental health services](#)

<sup>2</sup> Four week waiting time pilots have ended. Work on waiting times for children and young people's mental health is being taken forward as part of the Clinical Review of Standards: [NHS England » Mental health clinically-led review of standards](#)

## **Content of this publication**

This publication contains information regarding the latest coverage of the MHST programme, delivery of senior mental health lead training to schools and colleges in the first two financial years of the programme and findings from the DfE-managed survey to those who have completed senior mental health lead training.

# Mental Health Support Teams Coverage

## Background

The delivery of Mental Health Support Teams (MHSTs) in education settings is led by NHS England (NHSE), with support from Department for Education (DfE). MHSTs support the mental health needs of children and young people in primary, secondary and further education (ages 5 to 18) and use an evidence-based approach to provide early intervention on some mental health and emotional wellbeing issues, such as mild to moderate anxiety. MHSTs also support education settings in promoting good mental health and wellbeing.

First announced in 2018, MHSTs work with the pastoral care and mental health and wellbeing support that already exists in and around education settings. Existing mental health and wellbeing support may include counselling, educational psychologists, school nurses, educational welfare officers, VCSEs (Voluntary, Community and Social Enterprises), the local authority provision and NHS CYPMH (NHS Children and Young People Mental Health) services.

MHSTs have three core functions:

1. to deliver evidence-based interventions for mild-to-moderate mental health issues;
2. support the senior mental health lead (where established) in each school or college to introduce or develop their whole school or college approach to mental health and wellbeing and;
3. give timely advice to school and college staff, and liaise with external specialist services, to help children and young people to get the right support and stay in education.

## Overview

The establishment of MHSTs began in 2018 and the number of teams has increased each year as set out in Table 1. The analysis presented in this publication shows coverage up to and including waves 5 and 6 but more teams are being introduced. A further 100 teams are currently training Education Mental Health Practitioners (EMHPs), which means around 500 MHSTs will be up and running by April 2024.

**Table 1: Number of MHSTs per wave**

Wave	Number of teams*	Year EMHPs training began	Year teams become operational <sup>3</sup>
Trailblazer	58	January 2019	March 2020
Waves 1 & 2	125	Wave 1: September 2019 Wave 2: January 2020	Wave 1 & Wave 2: March 2021
Waves 3 & 4	104	Wave 3: November 2020 Wave 4: January - February 2021	Waves 3 & 4: March 2022
Wave 5 & 6	111	Wave 5: November 2021 Wave 6: January - February 2022	Waves 5 & 6: March 2023
Waves 7 & 8	100	Wave 7: November 2022 Wave 8: January- February 2023	Waves 7 & 8: April 2024

Source: \* [NHS England » Mental health support in schools and colleges and faster access to NHS care.](#)

N.B. Future dates are indicative.

## Data sources

The analysis presented in this publication on the coverage of MHSTs uses self-reported information from MHSTs on the schools and colleges participating in the programme. This is linked to 2022 DfE data<sup>4</sup> to report on the number and percentage of schools/colleges and pupils/learners<sup>5</sup> covered by the programme. The subsequent analysis relies on the quality of the data received, therefore the numbers presented here are our best estimates using the latest available data.

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<sup>3</sup> 'Operational' is defined as the Education Mental Health Practitioners having successfully completed their training with assurance provided through NHSE regional teams. Training of Education Mental Health Practitioners takes around 12 months to complete.

<sup>4</sup> Lists of schools and colleges participating in the MHST programme, as provided by MHST teams have been linked to school and college information from 'Get information about schools', pupil numbers from January 2022 school census and FE learner numbers from 2021-22 Individualised Learner Record.

<sup>5</sup> The programme covers all children and young people however this analysis is based on pupils/learners in schools/colleges as a proxy due to availability of data.

## Summary

### National

There are 3.4 million pupils/learners who are covered by an MHST in 2022-23 based on schools and college lists returned from MHSTs, which equates to 35% coverage of pupils in schools and learners in FE in England.

There are 6,800 schools and colleges participating in the MHST programme in 2022-23 based on schools and college lists returned from MHSTs, which equates to 28% of schools and colleges in England who are part of the MHST programme.

Coverage of MHSTs at school/college level is lower than coverage at pupil/learner level due to variation in setting size and MHSTs currently working with larger education settings.

### Delivery trajectory

Nationally, there are, on average, 8,500 pupils/learners and 17 schools/colleges per MHST, up to and including waves 5 & 6. There are 100 MHSTs that will become part of the programme in waves 7 & 8 (with EMHPs starting training from autumn 2022 and due to become operational in 2023-24).

Assuming the average number of schools/ colleges and pupils/learners per MHST remains constant, we estimate that, including waves 7 & 8, coverage would increase to 44% of pupils/learners and 35% of schools/colleges by the end of 2023-24 i.e., by April 2024.

## Coverage by region

Coverage of pupils/learners and schools/colleges by MHSTs varies across the country. Here we present data for each NHSE region<sup>6</sup> to reflect the lead delivery partner for MHSTs and the organisational structure of the programme. Note that these analyses represent a snapshot in time. Populations and numbers of pupils/learners can also change between years and historic changes in regional and sub-regional boundaries may affect the overall regional proportions. The decision on which education settings were covered by an MHST was for local determination. Individual education settings can vary significantly in size, and this can affect analysis. For example, regions where MHSTs cover fewer, but larger, settings would have different coverage statistics to those with more, smaller settings. Ensuring equitable population coverage across all regions is part of the programme's aim and the regional variation currently seen in coverage of pupils/learners and in settings is expected to reduce as further waves of MHSTs become operational.

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<sup>6</sup> [NHS England » Regional teams](#)



Regionally, the 35% coverage of pupils/learners nationally varies between 28% (Midlands) and 43% (South West) (Figure 1).

**Figure 1: Percentage of pupils/learners in schools/colleges participating in the Mental Health Support Teams programme, by NHSE region (up to and including waves 5 and 6)**



Source: Self-reported MHST school/ college list, linked to DfE data

The 28% national coverage of schools/colleges varies between 22% (East of England and Midlands) and 34% (North West and South West) (Figure 2).

**Figure 2: Percentage of schools/colleges participating in Mental Health Support Teams programme, by NHSE region (up to and including waves 5 and 6)**

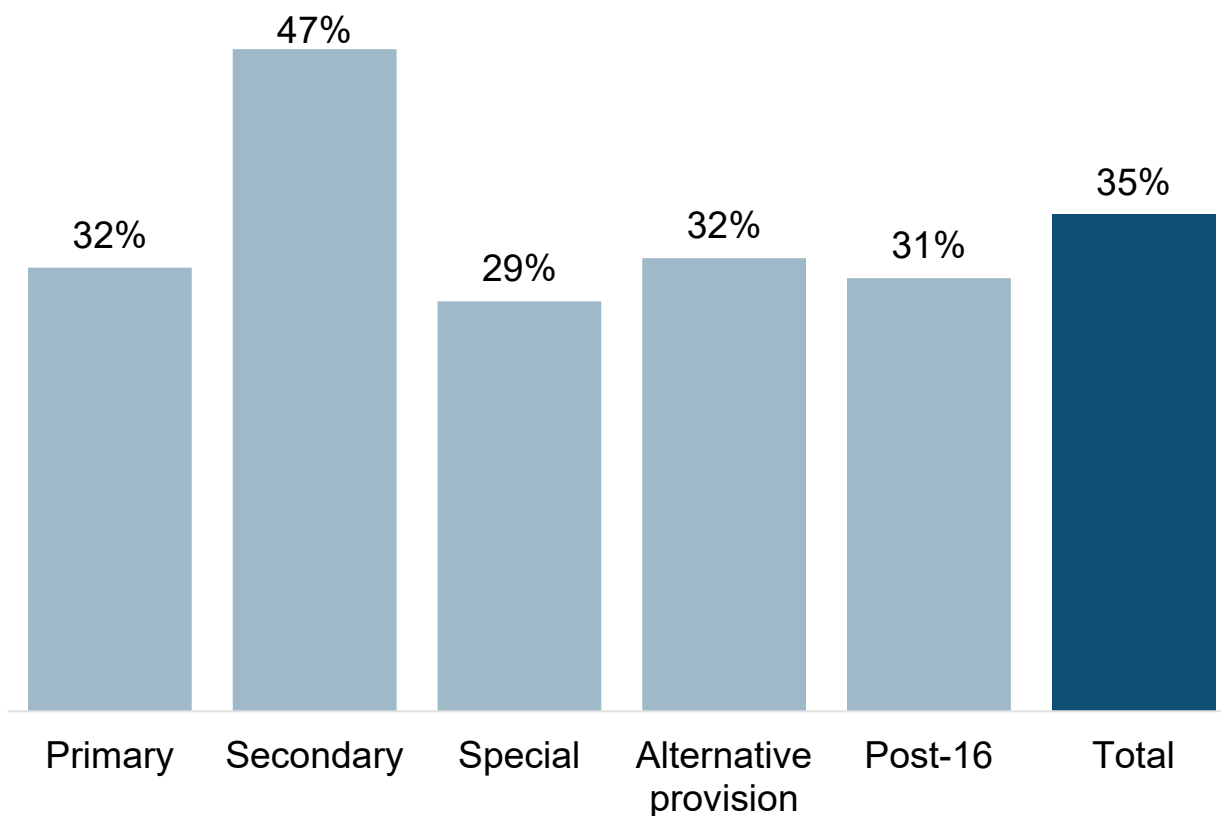


Source: Self-reported MHST school/ college list, linked to DfE data

## Coverage by setting type

Across all setting types, 35% of pupils/learners are in settings participating in the MHST programme. However, this varies between 29% (Special schools) and 47% (Secondary schools) (Figure 3)<sup>7</sup>.

**Figure 3: Percentage of pupils/learners in schools/colleges participating in Mental Health Support Teams programme, by type of setting (up to and including waves 5 and 6)**



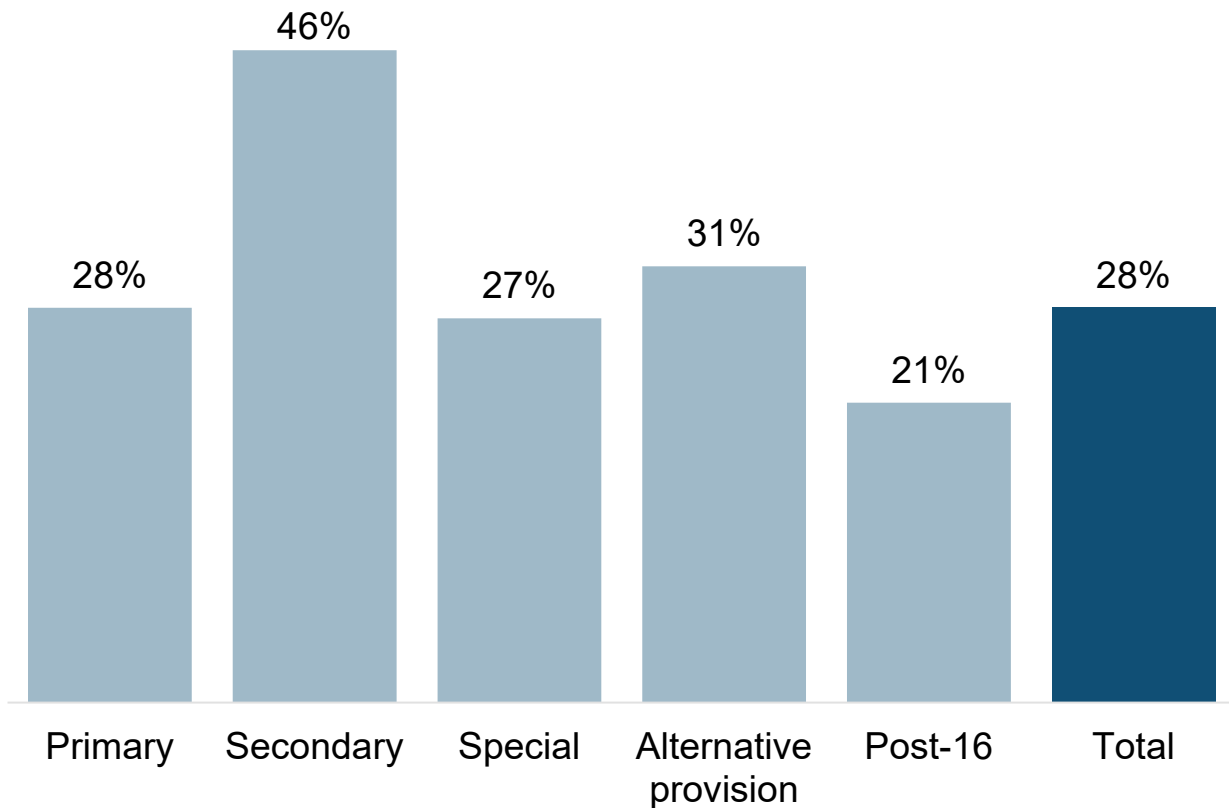
Source: Self-reported MHST school/ college list, linked to DfE data

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<sup>7</sup> MHST coverage in Post-16 settings cannot be directly compared to previous years due to improvements in methodology introduced in 2023. From 2023 Post-16 colleges which are part of college groups are treated individually for the purposes of this analysis.

Nationally, 28% of schools/colleges are participating in the MHST programme ranging from 21% (Post-16) to 46% (Secondary schools) (Figure 4).

**Figure 4: Percentage of schools/ colleges participating in Mental Health Support Teams programme, by type of setting (up to and including waves 5 and 6)**



Source: Self-reported MHST school/ college list, linked to DfE data

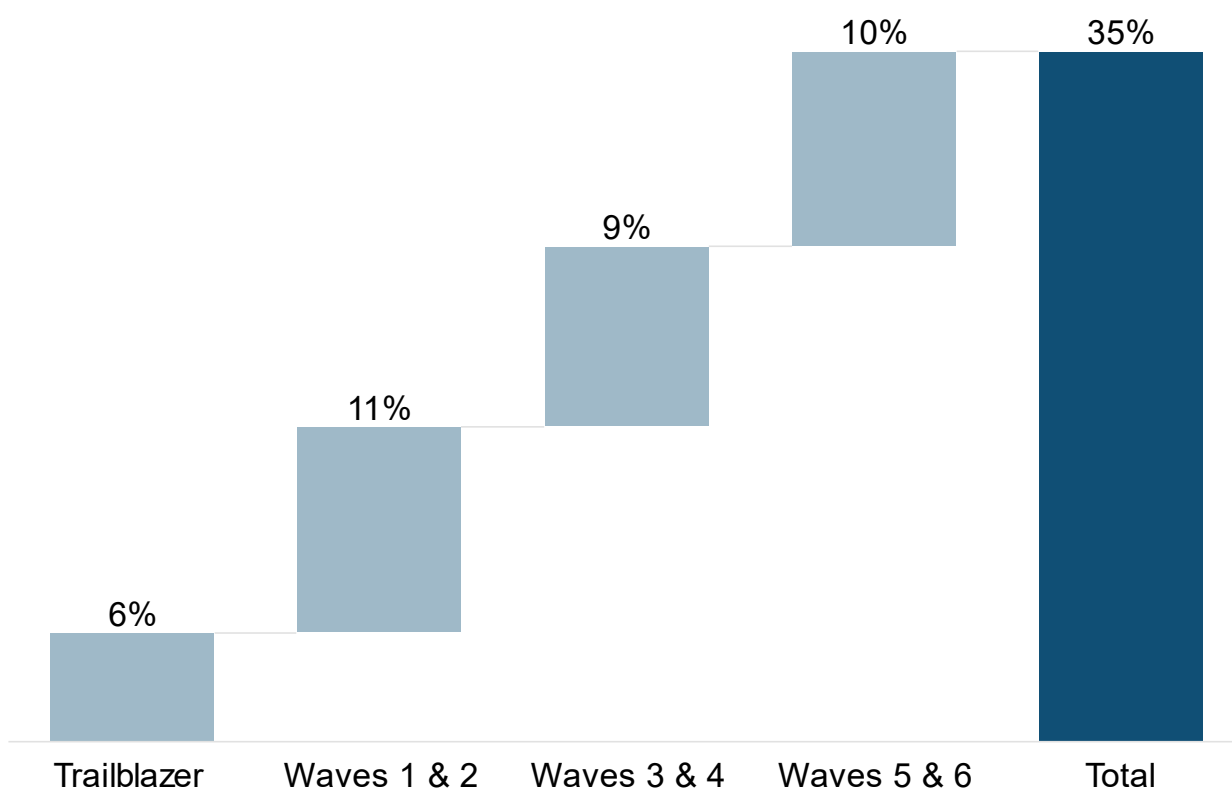
Participation in the MHST programme also varies by governance status; 29% of LA maintained schools are participating in the MHST programme compared to 33% of academy/free schools. Full details of the number of eligible settings and the number of settings that are participating in the MHST programme is available within the data tables for this publication.

## Coverage by wave

Figure 5 and 6 show how the MHST programme has grown.

- Trailblazer wave (operational c. 2019-20) covered 6% of pupils/learners and 4% of schools/colleges.
- Waves 1 & 2 (operational c. 2020-21) covered 11% of pupils/learners and 9% of schools/colleges.
- Waves 3 & 4 (operational c. 2021-22) covered 9% of pupils/learners and 7% of schools/colleges.
- Waves 5 & 6 (operational c. 2022-23) covered 10% of pupils/learners and 8% of schools/colleges<sup>8</sup>.

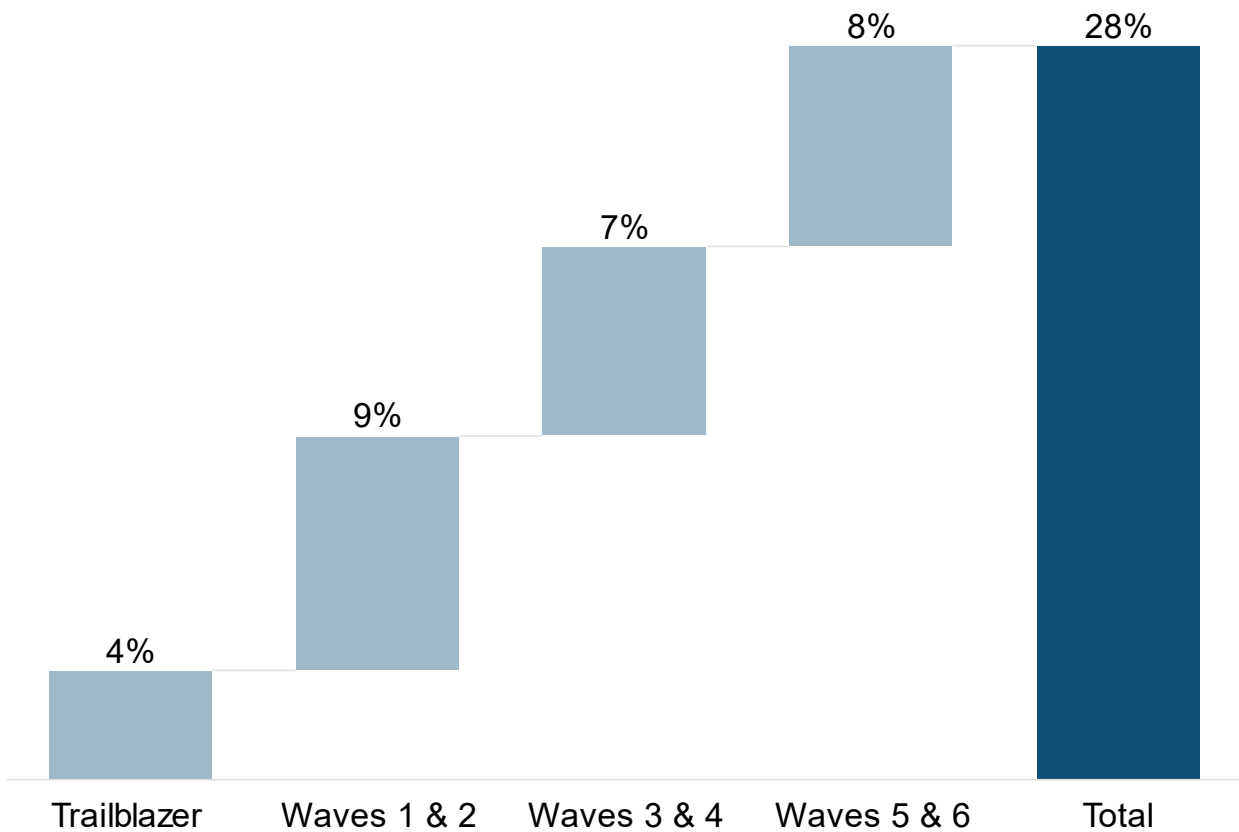
**Figure 5: Percentage of pupils/learners in schools/colleges participating in Mental Health Support Teams programme, by wave (up to and including waves 5 & 6)**



Source: Self-reported MHST school/ college list, linked to DfE data

<sup>8</sup> Waves 5 & 6 coverage includes schools/ colleges where information about when they joined the programme are not available but are known to have been operational by the end of 2022-23.

**Figure 6: Percentage of schools/colleges participating in Mental Health Support Teams programme, by wave (up to and including waves 5 & 6)**



Source: Self-reported MHST school/college list, linked to DfE data

### **Projected coverage**

It is projected that waves 7 & 8 (becoming operational c. 2023-24) could cover an additional 9% of pupils/learners and 7% of schools/colleges once operational, assuming numbers of schools/colleges and pupils/learners per team remain constant. This would take overall coverage from 35% to 44% of pupils/learners and from 28% to 35% of schools/colleges in 2023-24.

# Senior mental health lead training

## Overview

Schools and colleges are offered a £1,200 grant for a senior member of education staff to access DfE quality assured training to implement an effective whole school or college approach to mental health and wellbeing in their setting. The grant is intended to cover (or contribute to) the cost of attending training and may also be used to hire supply staff to provide cover whilst leads are engaged in learning<sup>9</sup>.

Eligible settings claim a grant through the DfE's digital grant application service, confirming their eligibility and providing evidence of their booking on a quality assured course. Management information from the grant application service is used to monitor take up of the training offer by schools and colleges.

## Summary

From 11 October 2021, schools and colleges were invited to apply for a senior mental health lead training grant. Up to 31 March 2023, 13,800 schools and colleges had claimed a grant. The 13,800 settings that have claimed a grant up to 31 March 2023 represent 58% of the total number of settings that were eligible to apply and represents a DfE spend of £16.6m in grants.

## Who are senior leads?

A senior mental health lead is a strategic role in a school or college responsible for overseeing the setting's holistic/whole school or college approach<sup>10</sup> to promote and support children and young people's mental health and wellbeing.

Data from the grant application forms shows that senior mental health leads carry out this role alongside other roles. Figure 7 shows that the most common other roles were safeguarding lead (29% of applicants) and SENCO (Special Educational Needs Co-ordinator) (22%). The senior mental health lead role is also often carried out by a pastoral

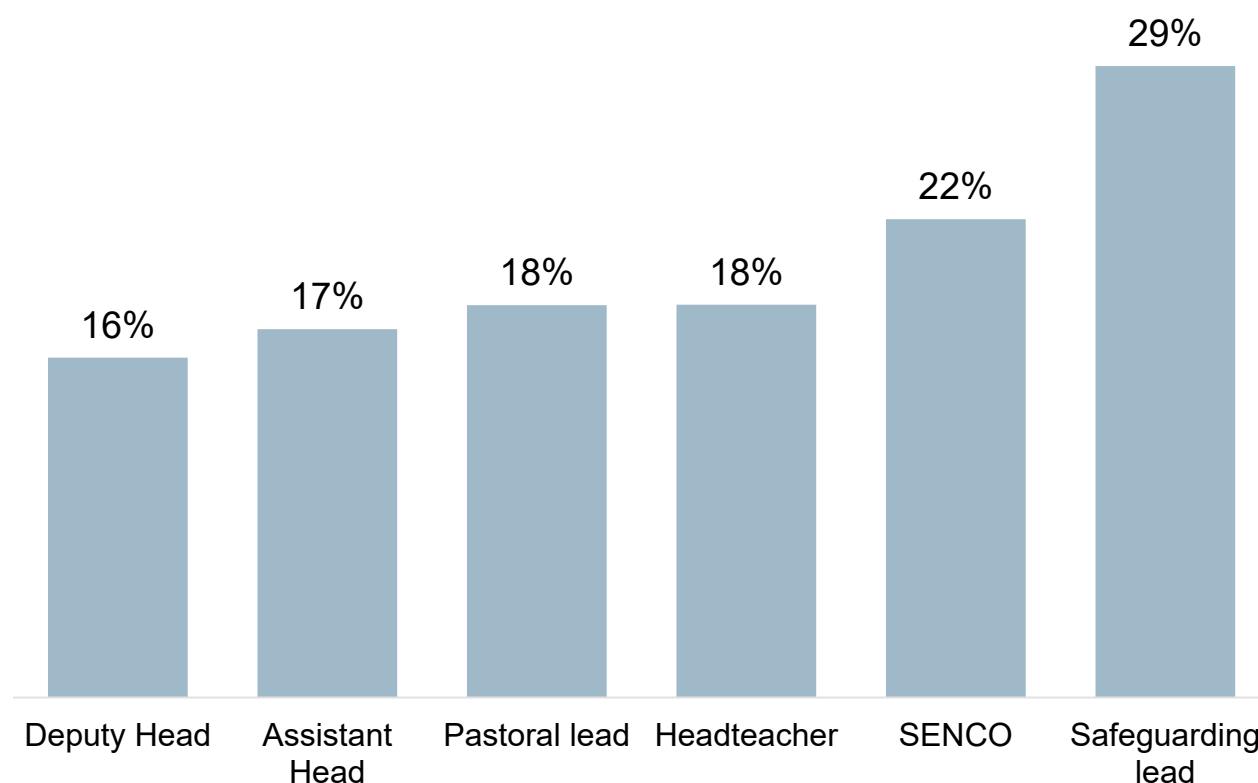
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<sup>9</sup> [Senior mental health lead training - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

<sup>10</sup> <https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing>

lead (18% of applicants), a headteacher, deputy head or assistant head (18%, 16% and 17% of applicants, respectively).

**Figure 7: Percentage of senior mental health lead training grant applications with other roles, applications up to 31 March 2023**



Source: DfE digital service grant application forms, n = 13,800

Table 2 shows that the other roles undertaken by senior mental health leads vary by setting type. It is most common for the role to be undertaken by a SENCO in primary schools, whereas it is most common for the role to be undertaken by the safeguarding lead in secondary schools and Post-16 settings. The senior mental health lead role is undertaken by the headteacher in 23% of primary schools who have applied for the grant and by an assistant head in 37% of secondary schools who have applied for the grant.

**Table 2: The percentage of senior mental health lead applicants with other roles by role and setting type, applications up to 31 March 2023**

	SENCO	Safeguarding lead	Pastoral lead
Primary	26%	27%	18%
Secondary	12%	35%	20%
Special	8%	19%	14%
Alternative provision	16%	26%	18%
Post-16	11%	49%	22%
Total	22%	29%	18%



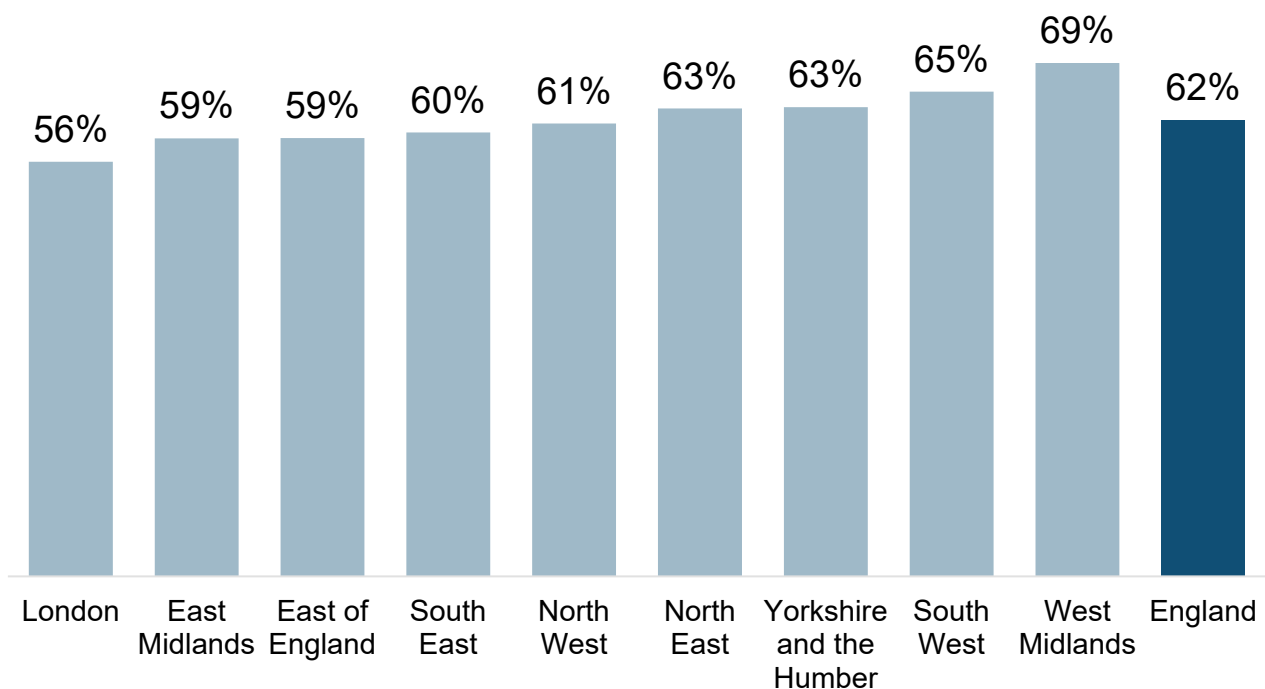
	Assistant Head	Deputy Head	Headteacher
Primary	12%	15%	23%
Secondary	37%	19%	3%
Special	23%	18%	12%
Alternative provision	14%	12%	13%
Post-16	13%	14%	4%
Total	17%	16%	18%

Source: DfE digital service grant application forms, n = 13,800

## Take up by region

Figure 8 shows that, nationally, more than six out of ten state-funded schools and colleges (62%) had completed their application for a senior mental health lead training grant by 31 March 2023. Take up of the training grant varies by region with 56% of state-funded schools and colleges in London having completed an application for the grant compared to 69% of state-funded schools and colleges in the West Midlands.

**Figure 8: Percentage of state-funded schools and colleges who had completed their application for a senior mental health leads training grant, by government office region, applications up to 31 March 2023, state-funded schools and colleges only**



Source: DfE digital service grant application forms, n = 13,635

## Take up by local authority

Data showing the number and percentage of state-funded schools and colleges that had completed their application for the senior mental health lead grant at local authority level is available within the data tables for this publication.

Table 3 shows that, in 60 local authorities (39%), between 40% and 60% of state-funded schools and colleges had completed their applications for the senior mental health lead training grant by 31 March 2023. In more than half of local authorities (55%), between 60% and 80% of their state-funded schools and colleges had applied for the senior mental health lead training grant.

### Role of the local authority

Local authorities have an important role to play in promoting the take-up of senior mental health lead training as part of the local mental health and wellbeing promotion and support offer to schools and colleges. Individual schools and colleges decide whether to take-up the offer of a grant to access training. Take-up within a local area can be impacted by multiple factors.

**Table 3: The number and percentage of local authorities by percentage of state-funded schools that had completed application for senior mental health lead grant**

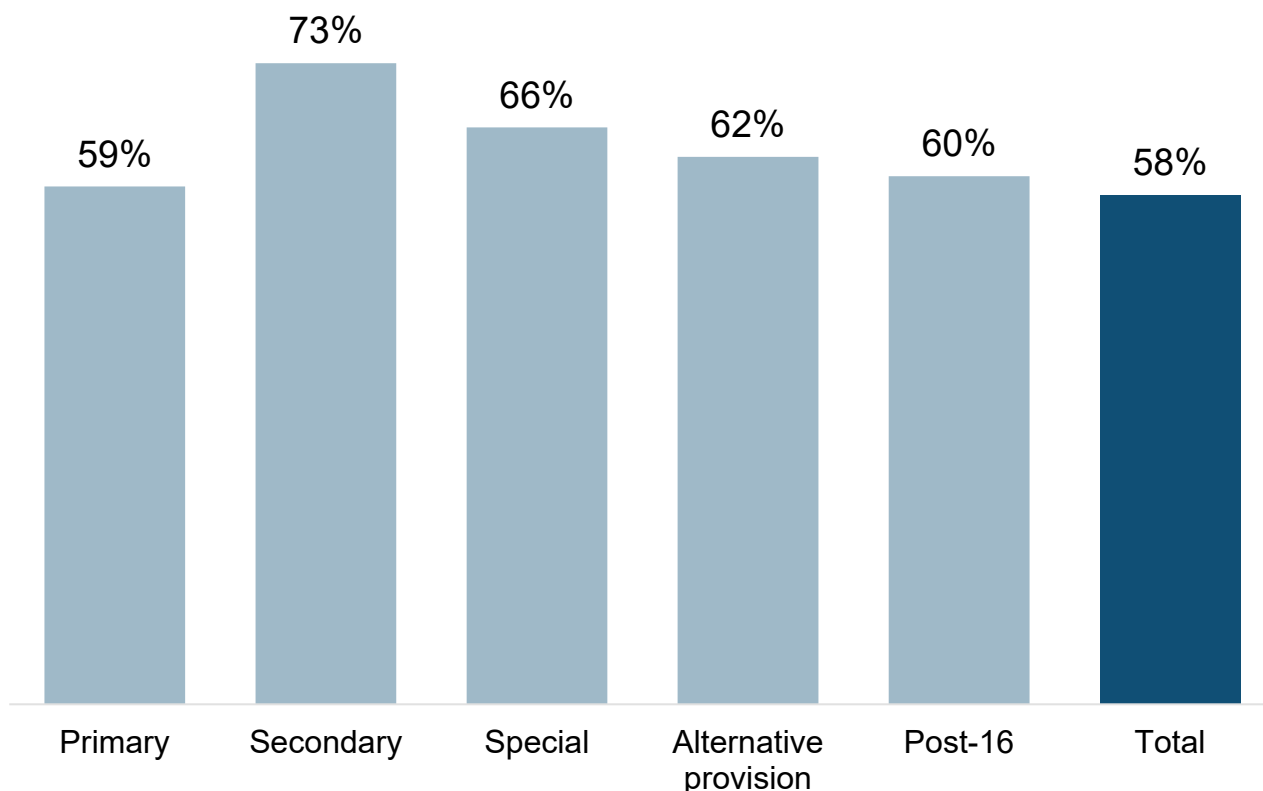
Percentage of state-funded schools that have completed application for senior mental health lead grant	Number of local authorities	Percentage of local authorities
0% to less than 20%	1	1%
20% to less than 40%	2	1%
40% to less than 60%	60	39%
60% to less than 80%	84	55%
80% to 100%	5	3%

Source: DfE digital service grant application forms, n = 13,635

## Take up by setting type

As in Figure 9, take up of the training grant varies by setting type. More than seven in ten state-funded secondary schools (73%) completed their application by 31 March 2023 compared to just under six in ten state-funded primary schools (59%).

**Figure 9: Percentage of eligible settings who had completed their application for a senior mental health leads training grant, by setting type, applications up to 31 March 2023**



Source: DfE digital service grant application forms, n = 13,800

Take up also varies by governance status; 59% of eligible LA maintained schools had completed a grant application by 31 March 2023 compared to 64% of eligible academy/free schools. Full details of the number of eligible settings and number of settings that had completed grant applications by setting type is available within the data tables for this publication.

### **Take up by Mental Health Support Team (MHST) participants**

Linking the senior mental health lead training grant application forms to the MHST data shows that schools/colleges that are participating in the MHST programme were more likely to have completed an application for a senior mental health lead training grant by 31 March 2023; 68% of settings that are currently participating in the MHST programme had completed a senior mental health lead training grant application compared to 54% of settings that are not currently participating in the MHST programme.

# Senior mental health lead follow-up survey

## Introduction

This report provides a summary of findings from the follow-up survey issued to senior mental health leads who applied for their training grant during 2021-22, the first year of the programme. The surveys are issued to senior mental health leads a term after completion of their training, on a half-termly basis, to understand their experiences of the training and actions taken following the training.

## About the survey

The data presented here is based on the first 4 waves of the survey which ran in the second half of the summer term 2022, throughout the autumn term 2022 and in the first half of the spring term 2023. These surveys were issued to senior mental health leads who started their training before 31 March 2022 and completed their training by the end of July 2022. These surveys were issued to senior mental health lead training participants one term after completion of their training. There is variation in training course start and end dates and durations; the survey data presented here covers surveys issued to 90% of those who applied for a training grant in 2021-22. These surveys were issued to 7,237 senior mental health leads and 3,730 responses were received, giving an overall response rate of 52%.

## Background

As per the DfE guidance<sup>11</sup>, schools and colleges can decide themselves who is best placed to take on the role of senior mental health lead in their school/college and undertake the training, depending on their circumstances. The senior mental health lead may already be a member of the senior leadership team or another member of staff with the authority, capacity and support to influence strategic change in their school/college. The senior mental health lead role could be a new role identified upon commencement of the training or it could be the training is undertaken by a member of staff with existing responsibilities for mental health within their school/college.

## Role prior to training

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<sup>11</sup> [Senior mental health lead training - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/senior-mental-health-lead-training)

Based on the responses to our survey, 72% of the senior mental health leads participating in training were members of the senior leadership team within their school/college and 78% had a lead role around mental health in their school/college prior to applying for the senior mental health lead training grant.

Of those who had a lead role around mental health in their school/college prior to applying for the senior mental health lead training grant, 32% had been in that role for 1 year or less, 48% had been in that role for 2-4 years and 18% had been in that role for 5 years or more.

### **Role after training**

Respondents were asked to think about the purpose and expectation of their role before and after the training and whether they have become more aligned with the learning outcomes<sup>12</sup> for senior mental health leads following the training and 69% agreed that their role had changed as a result of applying for the training grant. Additionally, 65% of survey respondents stated that they have increased strategic oversight/backing from the senior leadership team as a result of applying for the senior mental health lead training grant.

Although not all of the senior mental health leads that participated in training were a member of the senior leadership team, 87% of survey respondents agreed or strongly agreed they had adequate influence to act as a strategic lead in their school or college.

### **Time spent on role**

Respondents were asked how much time they spend on the senior mental health lead role per week, on average:

- 43% of respondents said they spend up to half a day per week;
- 10% of respondents said they spend half to one day per week;
- 13% of respondents said they spend more than one day per week;
- 33% said the time they spend on this role varies too much to say.

Respondents were also asked whether they agree that they currently have enough time in their role to achieve their goals; 38% of respondents agreed/strongly agreed that they did have enough time and 47% of respondents disagreed/strongly disagreed.

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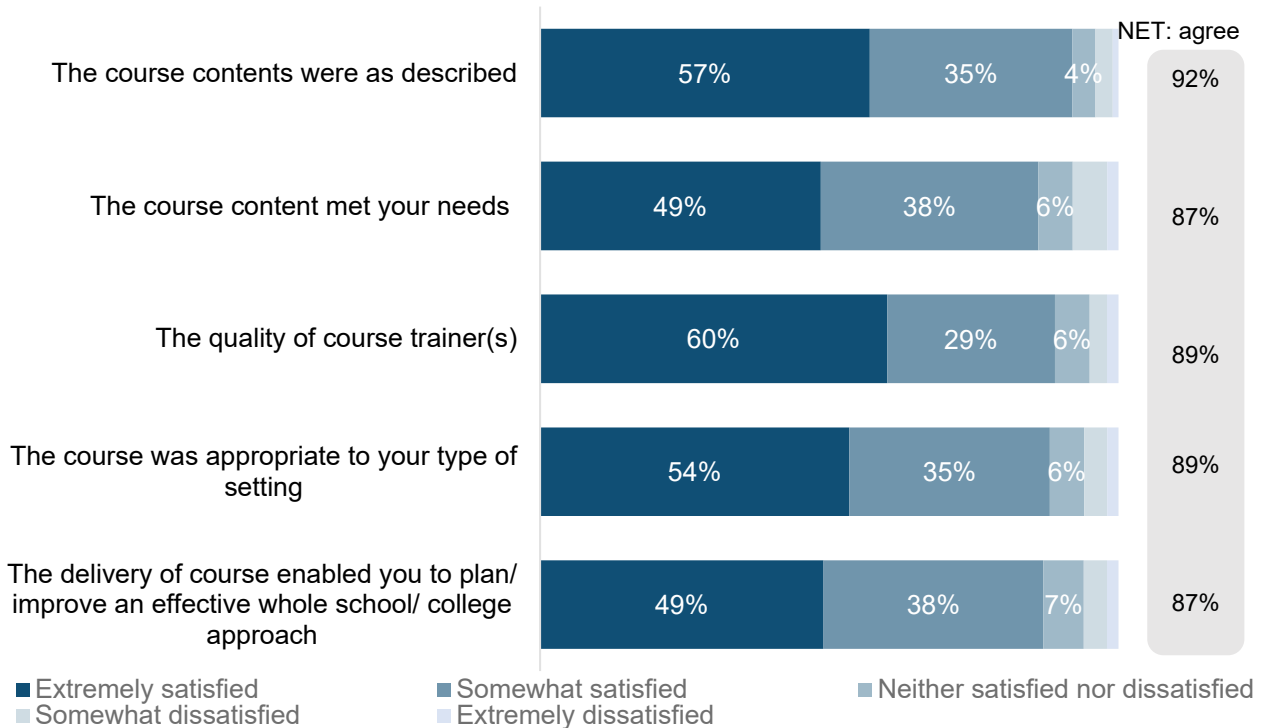
<sup>12</sup> [Learning outcomes for senior mental health leads in schools and colleges \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/671112/learning-outcomes-for-senior-mental-health-leads-in-schools-and-colleges.pdf)

## Effectiveness of delivery model

### Satisfaction

Survey respondents were asked about their satisfaction with a range of elements of the delivery of the training. In terms of choosing their course, 82% of respondents were extremely satisfied or somewhat satisfied with the process. There were also high levels of satisfaction with the various aspects of the course itself, as shown in the Figure 10 below.

**Figure 10: Level of satisfaction with different elements of training course, percentage of respondents**



Source: DfE Senior mental health lead training follow-up survey, 2021-22 applicants, n = 3,338

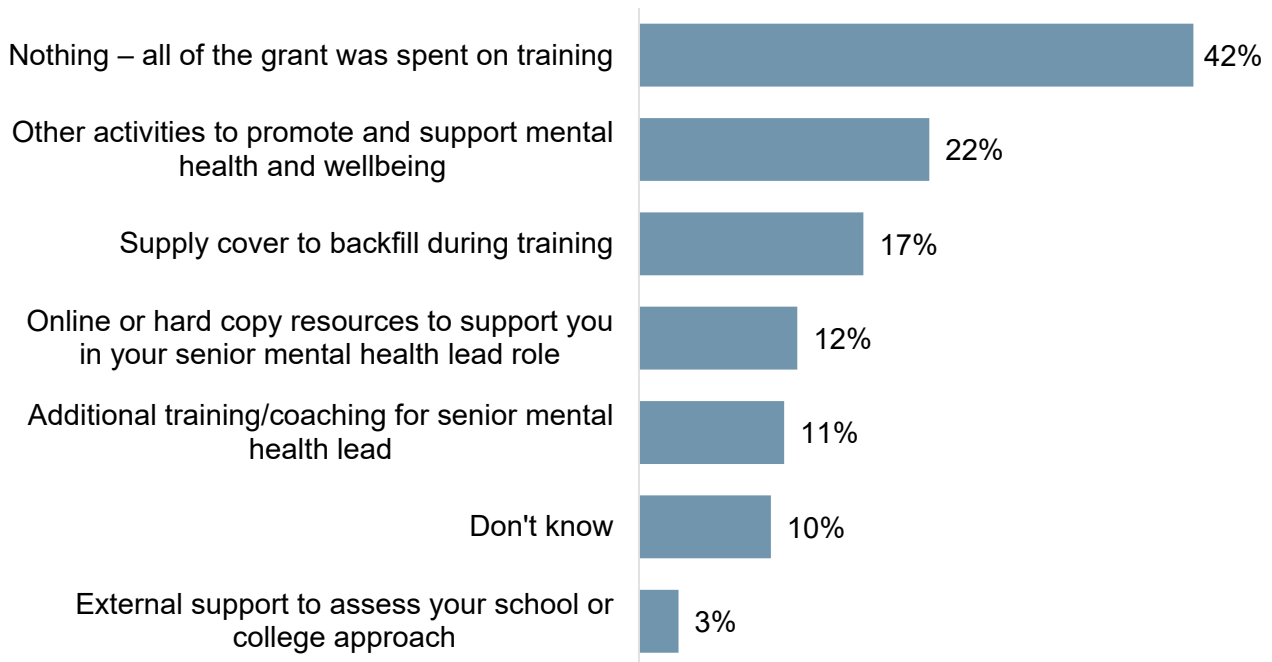
Survey respondents were asked how likely they would be to recommend their training course to someone else; 83% of respondents said they would be extremely likely or somewhat likely to do so.

### How training grant spent

Eligible schools/colleges each receive a training grant of £1,200 to cover (or contribute to) the cost of attending a quality assured training course and may also be used to hire supply staff while senior mental health leads are engaged in training. In the follow-up survey, respondents were asked, in addition to their training course, what else (if anything) their school/college spent their grant funding on. The most common response was that all of the grant funding was spent on training (42% of respondents), 22% of respondents stated they

spent remaining grant funding on other activities to promote and support mental health and wellbeing (Figure 11).

**Figure 11: Percentage of respondents who stated what their school/college spent grant funding on, in addition to their training course**

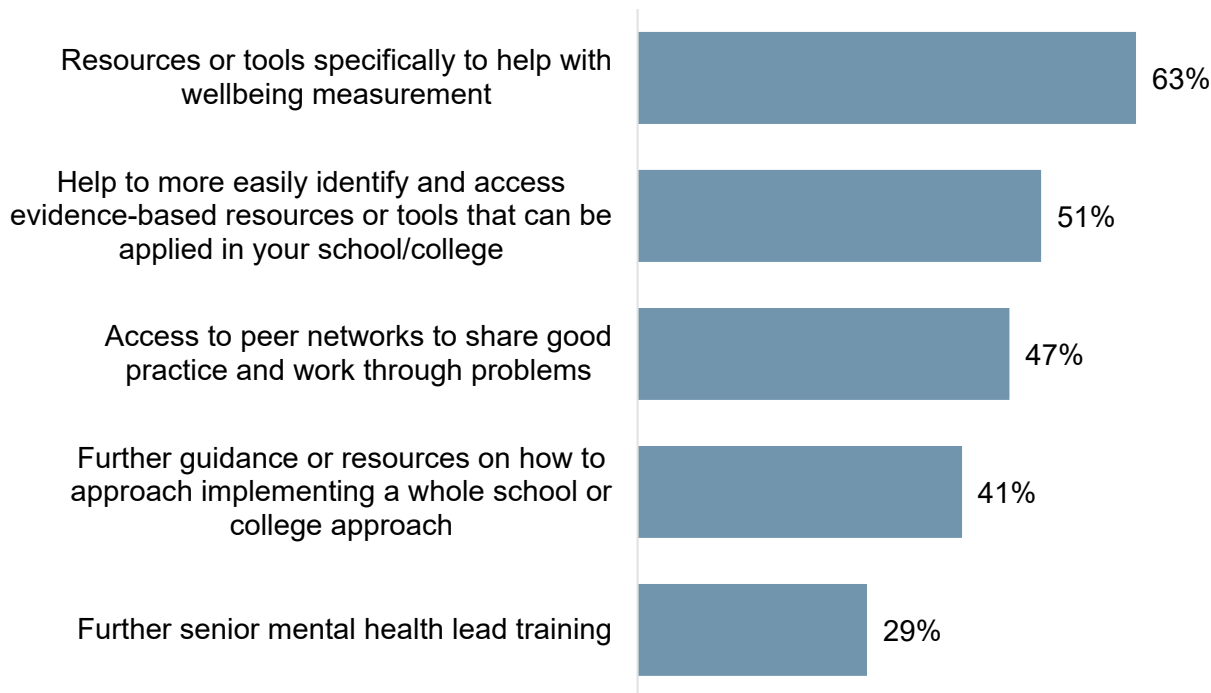


Source: DfE Senior mental health lead training follow-up survey, 2021-22 applicants, n = 3,338

### Further resources

Respondents were asked what further practical resources and support would be helpful to bring about effective change in their school/college to promote and support mental health and wellbeing. The most common response was 'Resources or tools specifically to help with wellbeing measurement' (63% of respondents), followed by 'Help to more easily identify and access evidence-based resources or tools that can be applied in your school/college' (51% of respondents).

**Figure 12: Percentage of respondents who stated which further resources/support would help to bring about effective change in their school/college to promote and support mental health and wellbeing**



Source: DfE Senior mental health lead training follow-up survey, 2021-22 applicants, n = 3,338

## Impact of training

In order to understand the impact of the training courses, survey respondents were asked to what extent they agreed that they were better able to act on each of the principles<sup>13</sup> of a whole school or college approach to mental health and wellbeing (see Figure 13), thinking about when they had completed their training. Although not all courses cover all of the principles, there were high levels of agreement from survey recipients that the training enabled them to better act on all the principles, as shown in Figure 14.

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<sup>13</sup> Source: [Promoting children and young people's mental health and wellbeing - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/promoting-children-and-young-peoples-mental-health-and-wellbeing).



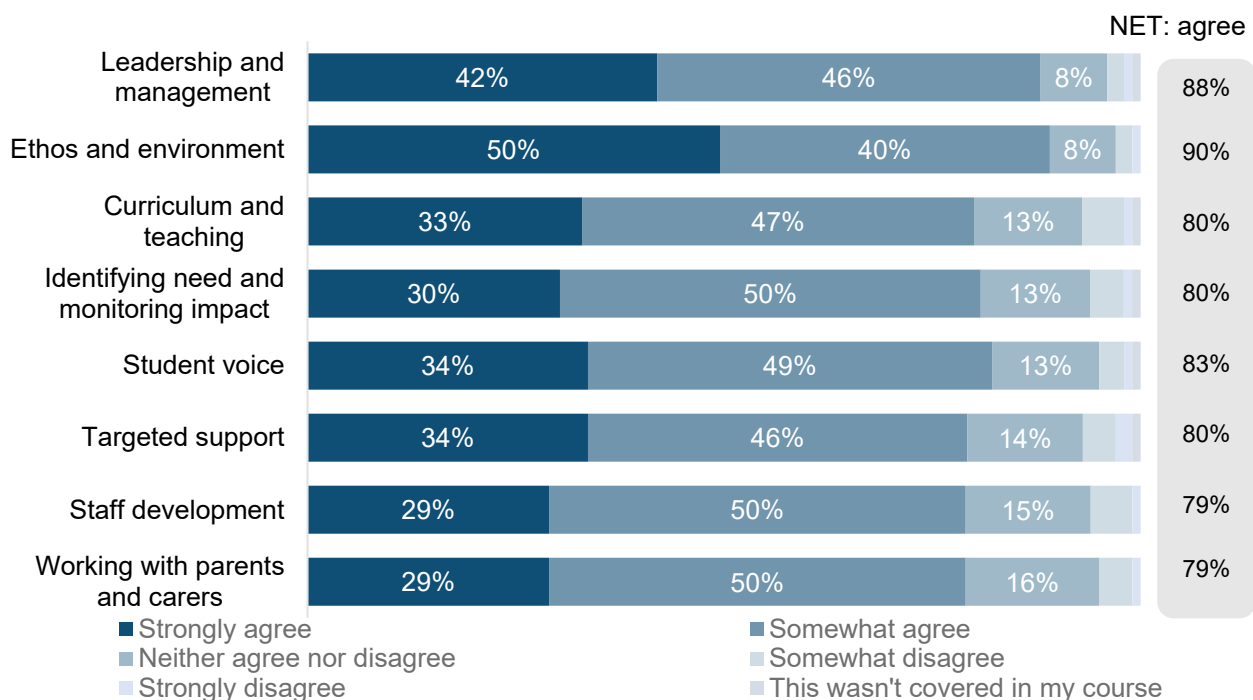
**Figure 13: Eight principles to promoting a whole school or college approach to mental health and wellbeing<sup>14</sup>**



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<sup>14</sup> Source: [Promoting children and young people's mental health and wellbeing \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/612122/promoting-children-and-young-peoples-mental-health-and-wellbeing.pdf).

**Figure 14: Levels of agreement that respondents were better able to act on each principle of the Whole School/College Approach to Mental Health and Wellbeing following completion of training course**



Source: DfE Senior mental health lead training follow-up survey, 2021-22 applicants, n = 3,339

Respondents were also asked about action taken against each of the principles since completing the training. 79% of respondents said they had either created a new plan (44%) to develop, implement and sustain a whole school or college approach to mental health or wellbeing, tailored to their school/ college's needs, or had revised an existing plan (35%), since completing their training.



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